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SilverScript Employer PDP sponsored by Montgomery County Government (SilverScript)

2023 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 08/26/2022. For more recent information or other questions, please contact Customer Care at 1-866-249-6167, 24 hours a day, 7 days a week. TTY users should call 711.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible that you haven't paid. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible that you haven't paid.

Formulary ID Number: 23263

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means SilverScript® Insurance Company. When it refers to "plan" or "our plan," it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: Montgomery County Government provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by Montgomery County Government covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefit.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits and/or prior

authorization restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2023. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA): Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact Customer Care.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

Montgomery County Government offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 90-day supply. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

Every drug on the plan's drug list is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Network Retail Pharmacy (Up to a 30-day supply available at <u>any</u> network pharmacy)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$5.00	\$5.00	\$5.00
Tier 2: Preferred Brand	\$5.00	\$5.00	\$5.00
Tier 3: Non-Preferred Brand	\$10.00	\$10.00	\$10.00

Costs shown in the table above reflect the additional coverage that may be provided by Montgomery County Government. Drugs that are part of your standard Medicare plan, but do not have additional coverage from Montgomery County Government would be covered under the 2023 Medicare Part D Defined Standard Benefit. Please visit

<https://q1medicare.com/PartD-The-2023-Medicare-Part-D-Outlook.php> for more information about the 2023 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare Part D prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if SilverScript has any special requirements for coverage of your drug.

- PA Prior Authorization
- QL Drug has Quantity Limits
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-866-249-6167, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>meclofenamate sodium</i>	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	1		<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	1		<i>naproxen</i> TABS 250mg, 375mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>GLOPERBA</i> SOLN .6mg/5ml	3		<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1	
<i>KRYSTEXXA</i> SOLN 8mg/ml	3	NDS NM LA PA	<i>naproxen sodium</i> TABS 275mg	1	
<i>MITIGARE</i> CAPS .6mg	2		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>probenecid</i> TABS 500mg	1		<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
NSAIDS					
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1		<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>diclofenac potassium</i> TABS 50mg	1		<i>sulindac</i> TABS 150mg, 200mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		OPIOID ANALGESICS, LONG-ACTING		
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i> (generic of ARTHROTEC 50)	1		<i>BELBUCA</i> FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL PA
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75)	1		QL (60 buccal films / 30 days)		
<i>diflunisal</i> TABS 500mg	1		<i>BELBUCA</i> FILM 750mcg, 900mcg	3	NDS QL PA
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1		QL (60 buccal films / 30 days)		
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1		<i>buprenorphine</i> (generic of BUTTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL PA
<i>etodolac</i> (generic of LODINE) TABS 400mg	1		QL (4 patches / 28 days)		
<i>flurbiprofen</i> TABS 100mg	1		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr	1	QL PA
<i>ibu</i> TABS 600mg, 800mg	1		QL (10 patches / 30 days)		
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1		<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl (generic of METHADONE HCL) SOLN 10mg/ml	3	
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OPiOD ANALGESiCS, SHORT-ACTiNG		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeiNe- dihydrocodeine cap 320.5-30- 16 mg QL (300 caps / 30 days)	1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
endocet tab 2.5-325mg (generic of PERCOCEt) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCOCEt) QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCOCEt) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCOCEt) QL (180 tabs / 30 days)	1	QL
fentanyl citrate (generic of ACTiQ) LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
fentanyl citrate (generic of ACTiQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA	HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL	LAZANDA SOLN 100mcg/act, 400mcg/act QL (30 bottles / 30 days)	3	NDS QL PA
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL	MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL	morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL	morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL	morphine sulfate SOLN 20mg/ml QL (180 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL	morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL	nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)	1	QL	NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL	NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL	OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL	OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D	oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D	oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL	oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
			oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
			oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL	ANTI-INFECTIVES		
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL	ANTI-INFECTIVES - MISCELLANEOUS		
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL	AEMCOLO TBEC 194mg	3	
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL	albendazole TABS 200mg	3	NDS
ROXICODONE TABS 5mg QL (180 tabs / 30 days)	3	QL	amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA	ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA	atovaquone (generic of MEPRON) SUSP 750mg/5ml	1	
SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA	aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1	
tramadol hcl (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL	CAYSTON SOLR 75mg	3	NDS NM LA PA
tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL	<i>clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg</i>	1	
trezix QL (300 caps / 30 days)	1	QL	<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml</i>	1	
ANESTHETICS			<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
LOCAL ANESTHETICS			<i>clindamycin phosphate in d5w</i> iv soln 300 mg/50ml	1	
<i>lidocaine hcl (local anesth.)</i> SOLN 4%	1		<i>clindamycin phosphate in d5w</i> iv soln 600 mg/50ml	1	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D	<i>clindamycin phosphate in d5w</i> iv soln 900 mg/50ml	1	
			CLINDMYC/NAC INJ 300/50ML	3	
			CLINDMYC/NAC INJ 600/50ML	3	
			CLINDMYC/NAC INJ 900/50ML	3	
			<i>colistimethate sodium (generic of COLY-MYCIN M) SOLR</i> 150mg	1	
			DALVANCE SOLR 500mg	3	NDS
			dapsone TABS 25mg, 100mg	1	
			DAPTO MYCIN SOLR 350mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3	NDS	<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1	
<i>daptomycin</i> SOLR 500mg	3	NDS	<i>metronidazole</i> TABS 250mg, 500mg	1	
EMVERM CHEW 100mg	3	NDS	<i>neomycin sulfate</i> TABS 500mg	1	
<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm FIRVANQ SOLR 25mg/ml, 50mg/ml	1		<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg	3	NDS
<i>gentamicin in saline inj</i> 0.8 mg/ml	1		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2	
<i>gentamicin in saline inj</i> 1 mg/ml	1		<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1		<i>ORBACTIV</i> SOLR 400mg	3	NDS
<i>gentamicin in saline inj</i> 1.6 mg/ml	1		<i>paromomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1		<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1		<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1		<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1		<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1	
<i>IMPAVIDO</i> CAPS 50mg	3	NDS	<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1	QL PA	<i>RECARBRILO</i> INJ 1.25GM	3	NDS
<i>KIMYRSA</i> SOLR 1200mg	3	NDS	<i>SIVEXTRO</i> SOLR 200mg; TABS 200mg	3	NDS
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1		<i>SOLOSEC</i> PACK 2gm	3	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3	NDS	<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	1		<i>sulfadiazine</i> TABS 500mg	3	
MEROP/NACL INJ 1GM/50ML	3		<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
MEROP/NACL INJ 500/50ML	3		<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>meropenem</i> SOLR 1gm, 500mg	1		<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1				
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
sulfamethoxazole- trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1		amphotericin b liposome (generic of AMBISOME) SUSR 50mg	3	NDS B/D
SYNERCID INJ 500MG	3	NDS	CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
tinidazole TABS 250mg, 500mg	1		caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	1	
TOBI PODHALER CAPS 28mg	3	NDS NM LA PA	CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA
tobramycin (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA	ERAXIS SOLR 50mg	3	
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA	ERAXIS SOLR 100mg	3	NDS
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1		fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
TRIMETHOPRIM TABS 100mg	2		fluconazole in nacl 0.9% inj 200 mg/100ml	1	
VABOMERE INJ 2GM(1-1)	3	NDS	fluconazole in nacl 0.9% inj 400 mg/200ml	1	
VANCOMYCIN SOLN 2000mg/400ml	3		flucytosine (generic of ANCOPON) CAPS 250mg, 500mg	3	NDS
vancomycin hcl (generic of VANCOCIN) CAPS 125mg, 250mg	1		griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1		griseofulvin ultramicrosize TABS 125mg, 250mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 250mg/5ml, 750mg	3		itraconazole (generic of SPORANOX) CAPS 100mg	1	
VANCOMYCIN INJ 1 GM	3		itraconazole (generic of SPORANOX) SOLN 10mg/ml	3	NDS
VANCOMYCIN INJ 500MG	3		ketoconazole TABS 200mg	1	
VANCOMYCIN INJ 750MG	3		micafungin sodium SOLR 50mg	3	NDS
VIBATIV SOLR 750mg	3	NDS	micafungin sodium (generic of MYCAMINE) SOLR 100mg	3	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM	NOXAFL SOLN 300mg/16.7ml	3	NDS
XIFAXAN TABS 200mg	3	NDS	NOXAFL SUSP 40mg/ml	3	NDS PA
ZEMDRI SOLN 500mg/10ml	3	NDS	nystatin TABS 500000unit	1	
ZYVOX SOLN 200mg/100ml	3	NDS	posaconazole (generic of NOXAFL) TBEC 100mg	3	NDS PA
ANTIFUNGALS			terbinafine hcl TABS 250mg	1	
ABELCET SUSP 5mg/ml	3	B/D	TOLSURA CAPS 65mg	3	NDS
amphotericin b SOLR 50mg	1	B/D	voriconazole (generic of VFEND IV) SOLR 200mg	3	NDS PA
			voriconazole (generic of VFEND) SUSR 40mg/ml	3	NDS PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
voriconazole (generic of VFEND) TABS 50mg, 200mg	1	PA	ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ANTIMALARIALS					
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1		ISENTRESS HD TABS 600mg	3	NDS NM
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1		lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
chloroquine phosphate TABS 250mg, 500mg	1		LEXIVA SUSP 50mg/ml	3	NM
COARTEM TAB 20-120MG	3		maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
KRINTAFEL TABS 150mg	3		nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
mefloquine hcl TABS 250mg	1		NORVIR PACK 100mg; SOLN 80mg/ml	3	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	2		PIFELTRO TABS 100mg	3	NDS NM
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1		PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg	3	NDS NM
quinine sulfate (generic of QUALAQUIN) CAPS 324mg	1		PREZISTA TABS 75mg	3	NM
ANTIRETROVIRAL AGENTS			REYATAZ PACK 50mg	3	NDS NM
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM	ritonavir (generic of NORVIR) TABS 100mg	1	NM
APTVUS CAPS 250mg	3	NDS NM	RUKOBIA TB12 600mg	3	NDS NM
atazanavir sulfate CAPS 150mg	1	NM	SELZENTRY SOLN 20mg/ml; TABS 75mg	3	NDS NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	1	NM	SELZENTRY TABS 25mg	3	NM
EDURANT TABS 25mg	3	NDS NM	stavudine CAPS 15mg, 20mg, 30mg, 40mg	1	NM
efavirenz (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM	tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM	TIVICAY TABS 10mg	2	NM
EMTRIVA SOLN 10mg/ml	3	NM	TIVICAY TABS 25mg, 50mg	3	NDS NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM	TIVICAY PD TBSO 5mg	3	NDS NM
fosamprenavir calcium (generic of LEXIVA) TABS 700mg	3	NDS NM	TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA
FUZEON SOLR 90mg	3	NDS NM	TYBOST TABS 150mg	2	NM
INTELENCE TABS 25mg	3	NM	VIRACEPT TABS 250mg, 625mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM	VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	NDS NM
			zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
			zidovudine TABS 300mg	1	NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NDS NM
BIKTARVY TAB 50-200-25 MG	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	3	NDS NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	3	NDS NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	3	NDS NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM
JULUCA TAB 50-25MG	3	NDS NM
lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	1	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	3	NDS
ethambutol hcl TABS 100mg	1	
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin (generic of MYCOBUTIN) CAPS 150mg	1	
rifampin CAPS 150mg, 300mg	1	
rifampin (generic of RIFADIN) SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA
TRECATOR TABS 250mg	3	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir (generic of ZOVIRAX) SUSP 200mg/5ml	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil (generic of HEP SERA) TABS 10mg	3	NDS NM
BARACLUDE SOLN .05mg/ml	3	NDS NM
cidofovir SOLN 75mg/ml	3	NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
EPCLUS USA PAK 150-37.5	3	NDS NM PA	<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
EPCLUS USA PAK 200-50MG	3	NDS NM PA	VEMLIDY TABS 25mg	3	NDS NM
EPCLUS USA TAB 200-50MG	3	NDS NM PA	VOSEVI TAB	3	NDS NM PA
EPCLUS USA TAB 400-100	3	NDS NM PA	XOFLUZA TBPK 40mg, 80mg	3	
EPIVIR HBV SOLN 5mg/ml	3	NM			
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1		CEPHALOSPORINS		
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D	AVYCAZ INJ 2-0.5GM	3	NDS
GANCICLOVIR SOLN 500mg/10ml	3	B/D	<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D	CEFACLOR ER TB12 500mg	3	
HARVONI PAK 33.75-150MG	3	NDS NM PA	<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
HARVONI PAK 45-200MG	3	NDS NM PA	CEFAZOLIN INJ 1GM/50ML	3	
HARVONI TAB 45-200MG	3	NDS NM PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
HARVONI TAB 90-400MG	3	NDS NM PA	CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	1	NM	<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
LIVTENCITY TABS 200mg	3	NDS NM LA PA	CEFEPIIME SOLN 1gm/50ml, 2gm/100ml	3	
MAVYRET PAK 50-20MG	3	NDS NM PA	<i>cefpime hcl</i> SOLR 1gm, 2gm	1	
MAVYRET TAB 100-40MG	3	NDS NM PA	CEFEPIIME/DEX INJ 1GM	3	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1		CEFEPIIME/DEX INJ 2GM	3	
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	NDS NM PA	<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml	1	
PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS	<i>cefixime</i> (generic of SUPRAX) SUSR 200mg/5ml	1	
RAPIVAB SOLN 200mg/20ml	3	NDS	<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
RELENZA DISKHALER AEPB 5mg/blister	2		CEFOXITIN INJ 1GM	3	
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM	CEFOXITIN INJ 2GM	3	
<i>rimantadine hydrochloride</i> TABS 100mg	1		<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
SITAVIG TABS 50mg	3	NDS	<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1		<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ceftazidime</i> SOLR 1gm, 2gm, 1 6gm		
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	3	NDS
FORTAZ SOLR 500mg	3	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	3	NDS
ZERBAXA INJ 1.5GM	3	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
e.e.s. 400 TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	3	NDS
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MOXIFLOXACIN	3		<i>ampicillin sodium</i>	SOLR 1gm, 1	
HYDROCHLORID SOLN		2gm, 10gm, 125mg, 250mg,			500mg
400mg/250ml					
PENICILLINS			BICILLIN C-R INJ 900/300	3	
<i>amoxicillin</i> CAPS 250mg,	1		BICILLIN C-R INJ 1200000	3	
500mg; CHEW 125mg,			BICILLIN L-A SUSP	3	
250mg; SUSR 125mg/5ml,		2400000unit/4ml; SUSY			
200mg/5ml, 250mg/5ml,		600000unit/ml,			
400mg/5ml; TABS 500mg,		1200000unit/2ml			
875mg			<i>dicloxacillin sodium</i>	CAPS 1	
<i>amoxicillin & k clavulanate</i>	1	250mg, 500mg			
<i>chew tab 200-28.5 mg</i>			NAFCILLIN INJ 1GM/50ML	3	NDS
<i>amoxicillin & k clavulanate</i>	1		NAFCILLIN INJ 2GM/100	3	NDS
<i>chew tab 400-57 mg</i>			<i>nafcillin sodium</i>	SOLR 1gm, 1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	2gm			
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1		<i>nafcillin sodium</i>	SOLR 10gm 3	NDS
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1		OXACILLIN INJ 1GM	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1		OXACILLIN INJ 2GM	3	
(generic of AUGMENTIN ES-600)			<i>oxacillin sodium</i>	SOLR 1gm, 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	2gm, 10gm			
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1		PEN GK/DEXTR INJ 20000/ML	3	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1		PEN GK/DEXTR INJ 40000/ML	3	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1		PEN GK/DEXTR INJ 60000/ML	3	
<i>ampicillin</i> CAPS 500mg	1		<i>penicillin g potassium</i>	SOLR 1	
<i>ampicillin & sulbactam sodium</i>	1		5000000unit, 20000000unit		
for inj 1.5 (1-0.5) gm (generic of UNASYN)			PENICILLIN G PROCAINE	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1		SUSP 600000unit/ml		
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1		<i>penicillin g sodium</i>	SOLR 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1		5000000unit		
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1		<i>penicillin v potassium</i>	SOLR 1	
(generic of UNASYN BULK PACK)			125mg/5ml, 250mg/5ml;		
			TABS 250mg, 500mg		
			<i>piperacipen</i>	SOLR 5000000unit, 1	
			20000000unit		
			<i>piperacillin sod-tazobactam na</i>	1	
			for inj 3.375 gm (3-0.375 gm)		
			<i>piperacillin sod-tazobactam</i>	1	
			sod for inj 2.25 gm (2-0.25 gm)		
			<i>piperacillin sod-tazobactam</i>	1	
			sod for inj 4.5 gm (4-0.5 gm)		
			<i>piperacillin sod-tazobactam</i>	1	
			sod for inj 13.5 gm (12-1.5 gm)		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1		cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
ZOSYN SOL 2-0.25GM	3		cyclophosphamide CAPS 25mg, 50mg	1	B/D
ZOSYN SOL 3-0.375G	3		CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	3	NDS B/D
ZOSYN SOL 4-0.50GM	3		cyclophosphamide SOLR 1gm, 2gm, 500mg	3	NDS B/D
TETRACYCLINES			CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
demeclocycline hcl TABS 150mg, 300mg	1		CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D
doxy 100 SOLR 100mg	1		IFEX SOLR 3gm	3	B/D
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg	1		ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml	1		IFOSFAMIDE SOLR 3gm	3	B/D
doxycycline hydrate CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1		LEUKERAN TABS 2mg	3	
doxycycline hydrate (generic of VIBRAMYCIN) CAPS 100mg	1		oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
minocycline hcl CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg	1		oxaliplatin SOLR 50mg, 100mg	3	NDS B/D
minocycline hcl (generic of MINOCIN) CAPS 100mg	1		paraplatin SOLN 1000mg/100ml	1	B/D
MINOLIRA TB24 105mg, 135mg	3		TREANDA SOLR 25mg, 100mg	3	NDS B/D NM LA
NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA	ZEPZELCA SOLR 4mg	3	NDS NM LA PA
tetracycline hcl CAPS 250mg, 1 500mg	1		ANTIBIOTICS		
TIGECYCLINE SOLR 50mg	3	NDS	bleomycin sulfate SOLR 15unit, 30unit	1	B/D
tigecycline (generic of TYGACIL) SOLR 50mg	3	NDS	doxorubicin hcl SOLN 2mg/ml	1	B/D
VIBRAMYCIN SYRP 50mg/5ml	3		doxorubicin hcl liposomal (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
XERAVA SOLR 50mg, 100mg	3		ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
ANTINEOPLASTIC AGENTS			mitomycin SOLR 5mg	1	B/D
ALKYLATING AGENTS			mitomycin SOLR 20mg, 40mg	3	NDS B/D
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM LA	valrubicin (generic of VALSTAR) SOLN 40mg/ml	3	NDS NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D	ANTIMETABOLITES		
			azacitidine (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
			cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
			decitabine SOLR 50mg	3	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D	TABLOID TABS 40mg	3	
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D	HORMONAL ANTINEOPLASTIC AGENTS		
FOLOTYN SOLN 40mg/2ml	3	NDS NM PA	<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA
<i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D	<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D	<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
INFUGEM SOL 1200MG	3	NDS B/D	ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM PA
INFUGEM SOL 1300MG	3	NDS B/D	EMCYT CAPS 140mg	3	NDS
INFUGEM SOL 1400MG	3	NDS B/D	ERLEADA TABS 60mg	3	NDS NM LA PA
INFUGEM SOL 1500MG	3	NDS B/D	<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
INFUGEM SOL 1600MG	3	NDS B/D	FIRMAGON SOLR 80mg	3	B/D NM
INFUGEM SOL 1700MG	3	NDS B/D	FIRMAGON SOLR 120mg/vial	3	NDS B/D NM
INFUGEM SOL 1800MG	3	NDS B/D	<i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml	3	NDS B/D
INFUGEM SOL 1900MG	3	NDS B/D	<i>hydroxyprogesterone caproate</i> (antineoplastic) SOLN 1.25gm/5ml	3	NDS B/D
INFUGEM SOL 2000MG	3	NDS B/D	<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
INFUGEM SOL 2200MG	3	NDS B/D	<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
INQOVI TAB 35-100MG	3	NDS NM LA PA	LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA
LONSURF TAB 15-6.14	3	NDS NM LA PA	LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA
LONSURF TAB 20-8.19	3	NDS NM LA PA	LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA
<i>mercaptopurine</i> TABS 50mg	1		LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D	LYSODREN TABS 500mg	3	NDS NM
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA	<i>megestrol acetate</i> TABS 20mg, 40mg	2	
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	3	NDS
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D	NUBEQA TABS 300mg	3	NDS NM LA PA
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D	ORGOVYX TABS 120mg	3	NDS NM LA PA
PURIXAN SUSP 2000mg/100ml	3	NDS NM	SOLTAMOX SOLN 10mg/5ml	3	NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	3	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM LA PA
YONSA TABS 125mg	3	NDS NM LA PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg, 25mg	3	NDS NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA
THALomid CAPS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM LA PA
BESREMI SOSY 500mcg/ml	3	NDS NM LA PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	3	NDS NM PA
KISQALI 400 PAK FEMARA	3	NDS NM PA
KISQALI 600 PAK FEMARA	3	NDS NM PA
MATULANE CAPS 50mg	3	NDS NM LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM
NIPENT SOLR 10mg	3	NDS B/D
ONCASPAR SOLN 750unit/ml	3	NDS NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM LA
RYLAZE SOLN 10mg/0.5ml	3	NDS NM LA PA
SYNRIBO SOLR 3.5mg	3	NDS NM PA
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS
<i>tretinoin</i> (chemotherapy) CAPS 10mg		
WELIREG TABS 40mg	3	NDS NM LA PA
MITOTIC INHIBITORS		
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
JEVTANA SOLN 60mg/1.5ml	3	NDS NM LA PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	3	NDS B/D NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECensa CAPS 150mg	3	NDS NM LA PA
ALIQOPA SOLR 60mg	3	NDS NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA PA
ALUNBRIG PAK	3	NDS NM LA PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA PA
BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
BELEODAQ SOLR 500mg	3	NDS NM LA PA
BESPONSA SOLR .9mg	3	NDS NM LA PA
BLENREP SOLR 100mg	3	NDS NM LA PA
BORTEZOMIB SOLR 3.5mg	3	NDS NM PA
bortezomib (generic of VELCADE) SOLR 3.5mg	3	NDS NM PA
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA
BRAFTOVI CAPS 75mg	3	NDS NM LA PA
BRUKINSA CAPS 80mg	3	NDS NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM LA PA
CALQUENCE CAPS 100mg	3	NDS NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA
COMETRIQ KIT 140MG	3	NDS NM LA PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
COTELLIC TABS 20mg	3	NDS NM LA PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA
DARZALEX SOL FASPRO	3	NDS NM LA PA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA
ENHERTU SOLR 100mg	3	NDS NM LA PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM
ERIVEDGE CAPS 150mg	3	NDS NM LA PA
erlotinib hcl (generic of TARCEVA) TABS 25mg, 100mg, 150mg	3	NDS NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NDS NM PA
EXKIVITY CAPS 40mg	3	NDS NM LA PA
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA
GILOTrif TABS 20mg, 30mg, 40mg	3	NDS NM LA PA
HERCEP HYLEC SOL 60- 10000	3	NDS NM LA PA
HERCEPTIN SOLR 150mg	3	NDS NM LA PA
HERZUMA SOLR 150mg, 420mg	3	NDS NM LA PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
IDHIFA TABS 50mg, 100mg	3	NDS NM LA PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NDS NM PA	LENVIMA CAP 14 MG	3	NDS NM LA PA
IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	3	NDS NM LA PA	LENVIMA CAP 18 MG	3	NDS NM LA PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA	LENVIMA CAP 24 MG	3	NDS NM LA PA
INLYTA TABS 1mg, 5mg	3	NDS NM LA PA	LIBTAYO SOLN 350mg/7ml	3	NDS NM LA PA
INREBIC CAPS 100mg	3	NDS NM LA PA	LORBRENA TABS 25mg, 100mg	3	NDS NM LA PA
IRESSA TABS 250mg	3	NDS NM LA PA	LUMAKRAS TABS 120mg	3	NDS NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA PA	LUMOXITI SOLR 1mg	3	NDS NM LA PA
JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA	LYNPARZA TABS 100mg, 150mg	3	NDS NM LA PA
KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM LA	MARGENZA SOLN 250mg/10ml	3	NDS NM LA PA
KANJINTI SOLR 150mg, 420mg	3	NDS NM LA PA	MEKINIST TABS .5mg, 2mg	3	NDS NM LA PA
KEYTRUDA SOLN 100mg/4ml	3	NDS NM LA PA	MEKTOVI TABS 15mg	3	NDS NM LA PA
KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA PA	MONJUVI SOLR 200mg	3	NDS NM LA PA
KISQALI 200 DOSE TBPK 200mg	3	NDS NM PA	MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
KISQALI 400 DOSE TBPK 200mg	3	NDS NM PA	MYLOTARG SOLR 4.5mg	3	NDS NM LA PA
KISQALI 600 DOSE TBPK 200mg	3	NDS NM PA	NERLYNX TABS 40mg	3	NDS NM LA PA
KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA PA	NEXAVAR TABS 200mg	3	NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM PA	ODOMZO CAPS 200mg	3	NDS NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	OGIVRI SOLR 150mg	3	NDS NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	OGIVRI INJ 420MG	3	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA PA	ONTRUZANT SOLR 150mg, 420mg	3	NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OPDUALAG SOL	3	NDS NM LA PA	TAFINLAR CAPS 50mg, 75mg	3	NDS NM LA PA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA PA	TAGRISSO TABS 40mg, 80mg	3	NDS NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA PA	TALZENNA CAPS .25mg, .5mg, .75mg, 1mg	3	NDS NM LA PA
PERJETA SOLN 420mg/14ml	3	NDS NM LA PA	TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM PA
PHESGO SOL	3	NDS NM LA PA	TAZVERIK TABS 200mg	3	NDS NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM PA	TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA PA
PIQRAY 250MG TAB DOSE	3	NDS NM PA	<i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM PA	TEPMETKO TABS 225mg	3	NDS NM LA PA
POLIVY SOLR 30mg, 140mg	3	NDS NM LA PA	TIBSOVO TABS 250mg	3	NDS NM LA PA
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA PA	TIVDAK SOLR 40mg	3	NDS NM LA PA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA PA	TRAZIMERA SOLR 150mg, 420mg	3	NDS NM PA
QINLOCK TABS 50mg	3	NDS NM LA PA	TRODELVY SOLR 180mg	3	NDS NM LA PA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA PA	TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA PA	TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	3	NDS NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA PA	TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	3	NDS NM LA PA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA PA	TRUSELTIQ 125 MG DAILY DOSE	3	NDS NM LA PA
RYDAPT CAPS 25mg	3	NDS NM PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA PA	TUKYSA TABS 50mg, 150mg	3	NDS NM LA PA
SCEMBLIX TABS 20mg, 40mg	3	NDS NM PA	TURALIO CAPS 200mg	3	NDS NM LA PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM PA	VENCLEXTA TABS 10mg	3	NM LA PA
STIVARGA TABS 40mg	3	NDS NM LA PA	VENCLEXTA TABS 50mg, 100mg	3	NDS NM LA PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM PA	VENCLEXTA TAB START PK	3	NDS NM LA PA
TABRECTA TABS 150mg, 200mg	3	NDS NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA PA	KHAPZORY SOLR 175mg, 300mg	3	NDS B/D NM LA
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA PA	<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
VONJO CAPS 100mg	3	NDS NM LA PA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
VOTRIENT TABS 200mg	3	NDS NM LA PA	<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml	1	B/D NM
XALKORI CAPS 200mg, 250mg	3	NDS NM LA PA	<i>levoleucovorin calcium</i> SOLR 50mg	3	NDS B/D NM
XOSPATA TABS 40mg	3	NDS NM LA PA	MESNEX TABS 400mg	3	NDS
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	3	NDS NM LA PA	CARDIOVASCULAR		
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	3	NDS NM LA PA	ACE INHIBITOR COMBINATIONS		
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	3	NDS NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10 mg</i>	1	
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	1	
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	3	NDS NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	1	
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-40 mg</i>	1	
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	3	NDS NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	1	
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM LA PA	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	1	
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA PA	<i>benazepril &</i> <i>hydrochlorothiazide tab 5-6.25mg</i>	1	
ZEJULA CAPS 100mg	3	NDS NM LA PA	<i>benazepril &</i> <i>hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	1	
ZELBORAF TABS 240mg	3	NDS NM LA PA	<i>benazepril &</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	1	
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA	<i>benazepril &</i> <i>hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
ZOLINZA CAPS 100mg	3	NDS NM PA			
ZYDELIG TABS 100mg, 150mg	3	NDS NM LA PA			
ZYKADIA TABS 150mg	3	NDS NM LA PA			
ZYNLONTA SOLR 10mg	3	NDS NM LA PA			
PROTECTIVE AGENTS					
dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D			
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1		fosinopril sodium TABS 10mg, 20mg, 40mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1		lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1		moexipril hcl TABS 7.5mg, 15mg	1	
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg (generic of ZESTORETIC)	1		perindopril erbumine TABS 2mg, 4mg, 8mg	1	
lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg (generic of ZESTORETIC)	1		QBRELIS SOLN 1mg/ml 3 NDS	3	NDS
lisinopril & hydrochlorothiazide 1 tab 20-25 mg (generic of ZESTORETIC)	1		quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
quinapril-hydrochlorothiazide 1 tab 10-12.5 mg (generic of ACCURETIC)	1		ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
quinapril-hydrochlorothiazide 1 tab 20-12.5 mg (generic of ACCURETIC)	1		trandolapril TABS 1mg, 2mg	1	
quinapril-hydrochlorothiazide 1 tab 20-25 mg (generic of ACCURETIC)	1		trandolapril (generic of MAVIK) TABS 4mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1		ALDOSTERONE RECEPTOR ANTAGONISTS		
trandolapril-verapamil hcl tab er 2-180 mg	1		CAROSPIR SUSP 25mg/5ml 3	3	
trandolapril-verapamil hcl tab er 2-240 mg	1		eplerenone (generic of INSPIRA) TABS 25mg, 50mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1		KERENDIA TABS 10mg, 20mg	2	
ACE INHIBITORS			spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
benazepril hcl TABS 5mg	1		ALPHA BLOCKERS		
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1		doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1		prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
enalapril maleate (generic of EPANED) SOLN 1mg/ml	1		terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
			ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
			amlodipine besylate- olmesartan medoxomil tab 5- 20 mg (generic of AZOR)	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>amlodipine besylate-</i>	1		<i>EXFORGE HCT TAB 10-320-</i>	3	
<i>olmesartan medoxomil tab 5-</i>			<i>25MG</i>		
<i>40 mg (generic of AZOR)</i>			<i>irbesartan-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-</i>	1		<i>tab 150-12.5 mg (generic of</i>		
<i>olmesartan medoxomil tab 10-</i>			<i>AVALIDE)</i>		
<i>20 mg (generic of AZOR)</i>			<i>irbesartan-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-</i>	1		<i>tab 300-12.5 mg (generic of</i>		
<i>olmesartan medoxomil tab 10-</i>			<i>AVALIDE)</i>		
<i>40 mg (generic of AZOR)</i>			<i>losartan potassium &</i>	1	
<i>amlodipine besylate-valsartan</i>	1		<i>hydrochlorothiazide tab 50-</i>		
<i>tab 5-160 mg (generic of</i>			<i>12.5 mg (generic of HYZAAR)</i>		
<i>EXFORGE)</i>			<i>losartan potassium &</i>	1	
<i>amlodipine besylate-valsartan</i>	1		<i>hydrochlorothiazide tab 100-</i>		
<i>tab 5-320 mg (generic of</i>			<i>12.5 mg (generic of HYZAAR)</i>		
<i>EXFORGE)</i>			<i>losartan potassium &</i>	1	
<i>amlodipine besylate-valsartan</i>	1		<i>hydrochlorothiazide tab 100-</i>		
<i>tab 10-160 mg (generic of</i>			<i>25 mg (generic of HYZAAR)</i>		
<i>EXFORGE)</i>			<i>olmesartan medoxomil-</i>	1	
<i>candesartan cilexetil-</i>	1		<i>hydrochlorothiazide tab 20-</i>		
<i>hydrochlorothiazide tab 16-</i>			<i>12.5 mg (generic of BENICAR</i>		
<i>12.5 mg (generic of</i>			<i>HCT)</i>		
<i>ATACAND HCT)</i>			<i>olmesartan medoxomil-</i>	1	
<i>candesartan cilexetil-</i>	1		<i>hydrochlorothiazide tab 40-</i>		
<i>hydrochlorothiazide tab 32-</i>			<i>12.5 mg (generic of BENICAR</i>		
<i>12.5 mg (generic of</i>			<i>HCT)</i>		
<i>ATACAND HCT)</i>			<i>olmesartan-amldipine-</i>	1	
<i>candesartan cilexetil-</i>	1		<i>hydrochlorothiazide tab 20-5-</i>		
<i>hydrochlorothiazide tab 32-25</i>			<i>12.5 mg (generic of</i>		
<i>mg (generic of ATACAND</i>			<i>TRIBENZOR)</i>		
<i>HCT)</i>			<i>olmesartan-amldipine-</i>	1	
<i>EDARBYCLO TAB 40-12.5</i>	3		<i>hydrochlorothiazide tab 40-5-</i>		
<i>EDARBYCLO TAB 40-</i>	3		<i>12.5 mg (generic of</i>		
<i>25MG</i>			<i>TRIBENZOR)</i>		
<i>ENTRESTO TAB 24-26MG</i>	2		<i>olmesartan-amldipine-</i>	1	
<i>ENTRESTO TAB 49-51MG</i>	2		<i>hydrochlorothiazide tab 40-5-</i>		
<i>ENTRESTO TAB 97-103MG</i>	2		<i>25 mg (generic of</i>		
<i>EXFORGE HCT TAB 5-160-</i>	3		<i>TRIBENZOR)</i>		
<i>12.5MG</i>			<i>olmesartan-amldipine-</i>	1	
<i>EXFORGE HCT TAB 5-160-</i>	3		<i>hydrochlorothiazide tab 40-10-</i>		
<i>25MG</i>			<i>12.5 mg (generic of</i>		
<i>EXFORGE HCT TAB 10-160-</i>	3		<i>TRIBENZOR)</i>		
<i>12.5MG</i>			<i>olmesartan-amldipine-</i>	1	
<i>EXFORGE HCT TAB 10-160-</i>	3		<i>hydrochlorothiazide tab 40-10-</i>		
<i>25MG</i>			<i>25 mg (generic of</i>		
			<i>TRIBENZOR)</i>		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
<i>telmisartan-amlodipine tab 40-</i> 1 5 mg			<i>olmesartan medoxomil</i> 1 (generic of BENICAR) TABS 5mg, 20mg, 40mg			
<i>telmisartan-amlodipine tab 40-</i> 1 10 mg			<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1		
<i>telmisartan-amlodipine tab 80-</i> 1 5 mg			<i>valsartan</i> (generic of DIOVAN) 1 TABS 40mg, 80mg, 160mg, 320mg			
<i>telmisartan-amlodipine tab 80-</i> 1 10 mg			ANTIARRHYTHMICS			
<i>telmisartan-</i> 1 <i>hydrochlorothiazide tab 40-</i> 12.5 mg (generic of MICARDIS HCT)			<i>amiodarone hcl</i> SOLN 1 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg			
<i>telmisartan-</i> 1 <i>hydrochlorothiazide tab 80-</i> 12.5 mg (generic of MICARDIS HCT)			<i>disopyramide phosphate</i> 3 (generic of NORPACE) CAPS 100mg, 150mg			
<i>telmisartan-</i> 1 <i>hydrochlorothiazide tab 80-25</i> mg (generic of MICARDIS HCT)			<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	
<i>valsartan-hydrochlorothiazide</i> 1 tab 80-12.5 mg (generic of DIOVAN HCT)			<i>flecainide acetate</i> TABS 1 50mg, 100mg, 150mg			
<i>valsartan-hydrochlorothiazide</i> 1 tab 160-12.5 mg (generic of DIOVAN HCT)			<i>MULTAQ</i> TABS 400mg 3 NORPACE CR CP12 100mg, 3 150mg			
<i>valsartan-hydrochlorothiazide</i> 1 tab 160-25 mg (generic of DIOVAN HCT)			<i>pacerone</i> TABS 100mg, 200mg, 400mg	1		
<i>valsartan-hydrochlorothiazide</i> 1 tab 320-12.5 mg (generic of DIOVAN HCT)			<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1		
<i>valsartan-hydrochlorothiazide</i> 1 tab 320-25 mg (generic of DIOVAN HCT)			<i>propafenone hcl</i> TABS 1 150mg, 225mg, 300mg	1		
ANGIOTENSIN II RECEPTOR ANTAGONISTS			<i>quinidine sulfate</i> TABS 1 200mg, 300mg	1		
<i>candesartan cilexetil</i> (generic 1 of ATACAND) TABS 4mg, 8mg, 16mg, 32mg			<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		
<i>EDARBI</i> TABS 40mg, 80mg 3			<i>sorine</i> TABS 240mg 1			
<i>irbesartan</i> (generic of 1 AVAPRO) TABS 75mg, 150mg, 300mg			<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		
<i>losartan potassium</i> (generic of 1 COZAAR) TABS 25mg, 50mg, 100mg			<i>sotalol hcl</i> TABS 240mg 1			
			<i>sotalol hcl</i> (afib/afl) (generic of 1 BETAPACE AF) TABS 80mg, 120mg, 160mg			
			<i>SOTYLIZE</i> SOLN 5mg/ml 3			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, FIBRATES					
<i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg		1	<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose		1
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg		1	<i>cholestyramine light</i> PACK 4gm		1
<i>fenofibrate</i> TABS 54mg, 160mg		1	<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose		1
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg		1	<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg		1
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg		1	<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm		1
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS					
ALTOPREV TB24 20mg, 40mg, 60mg	3	NDS	EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA PA
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1		<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3		<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	1	
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3		<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	1	
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1		<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1		<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1	
LIVALO TABS 1mg, 2mg, 4mg	3		EZETIMIBE/ROSVASTATIN TAB 10-5MG	3	
<i>lovastatin</i> TABS 10mg, 20mg, 40mg			EZETIMIBE/ROUVASTATIN TAB 10-10MG	3	
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1		EZETIMIBE/ROUVASTATIN TAB 10-20MG	3	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1		EZETIMIBE/ROUVASTATIN TAB 10-40MG	3	
<i>simvastatin</i> TABS 5mg	1		JUXTAPIID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM LA PA
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1		NEXLETOL TABS 180mg	3	
<i>simvastatin</i> TABS 80mg QL (30 tabs / 30 days)	1	QL	NEXLIZET TAB 180/10MG	3	
ZYPITAMAG TABS 2mg, 4mg	3		<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg	1	
			<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 1000mg	1	
			<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
			PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
prevalite PACK 4gm	1		carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	1	
ROSZET TAB 5-10MG	3		KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
ROSZET TAB 10-10MG	3		labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
ROSZET TAB 20-10MG	3		metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
ROSZET TAB 40-10MG	3		metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1	
VASCEPA CAPS .5gm, 1gm	3		metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
BETA-BLOCKER/DIURETIC COMBINATIONS			nadolol (generic of CORGARD) TABS 20mg, 40mg, 80mg	1	
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1		nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1		pindolol TABS 5mg, 10mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)	1		propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)	1		propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)	1		timolol maleate TABS 5mg, 10mg, 20mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1		CALCIUM CHANNEL BLOCKERS		
metoprolol & hydrochlorothiazide tab 100-25 mg	1		amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1		CARDIZEM LA TB24 120mg	3	
BETA-BLOCKERS			cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
acebutolol hcl CAPS 200mg, 400mg	1		dilt-xr CP24 120mg, 180mg, 240mg	1	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1				
betaxolol hcl TABS 10mg, 20mg	1				
bisoprolol fumarate TABS 5mg, 10mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		DIURETICS		
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg KATERZIA SUSP 1mg/ml	1	3	<i>ALDACTAZIDE</i> TAB 50/50	3	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>amiloride &</i> <i>hydrochlorothiazide tab 5-50 mg</i>	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg NICARDIPINE SOL 20/200ML	1	3	<i>amiloride hcl</i> TABS 5mg	1	
NICARDIPINE SOL 40/200ML	3		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>nimodipine</i> CAPS 30mg	1		<i>DIURIL</i> SUSP 250mg/5ml	3	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1		<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	1	
NYMALIZE SOLN 6mg/ml	3	NDS	<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		<i>furosemide inj</i> SOLN 10mg/ml	1	
			<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
			<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
			<i>KEVEYIS</i> TABS 50mg	3	NDS NM LA PA
			<i>methazolamide</i> TABS 25mg, 50mg	1	
			<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
SOAANZ TABS 20mg, 40mg, 3 60mg				
spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)	1			
THALITONE TABS 15mg	3			
torsemide TABS 5mg, 10mg, 20mg, 100mg	1			
triamterene & hydrochlorothiazide cap 37.5- 25 mg	1			
triamterene & hydrochlorothiazide tab 37.5- 25 mg (generic of MAXZIDE- 25)	1			
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	1			
MISCELLANEOUS				
ADRENALIN SOLN 1mg/ml	3			
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	1			
amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg	1			
amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg	1			
amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg	1			
amlodipine besylate- atorvastatin calcium tab 5-10 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET)	1			
amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)	1			
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	NDS NM LA PA		
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1			
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1			
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1			
clonidine hcl TABS .1mg, .2mg, .3mg	1			
CORLANOR SOLN 5mg/5ml; 3 TABS 5mg, 7.5mg				
digox (generic of LANOXIN) TABS 125mcg, 250mcg	1			
digoxin SOLN .05mg/ml	1			
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg	1			
droxidopa (generic of NORTHERA) CAPS 100mg, 200mg, 300mg	3	NDS NM PA		
guanfacine hcl TABS 1mg, 2mg	2			
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1			
isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1			
LANOXIN PEDIATRIC SOLN .1mg/ml	3			
metyrosine CAPS 250mg	3	NDS		
midodrine hcl TABS 2.5mg, 5mg, 10mg	1			
minoxidil TABS 2.5mg, 10mg	1			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS	ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1		ORENITRAM TBCR .125mg	3	NM LA PA
VERQUVO TABS 2.5mg, 5mg, 10mg	2		REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
VYNDAMAX CAPS 61mg	3	NDS NM LA PA	<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA
VYNDAQEL CAPS 20mg	3	NDS NM LA PA	<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg	1	NM PA
NITRATES			<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>isosorbide dinitrate</i> (generic of 1 ISORDIL TITRADOSE) TABS 5mg			TRACLEER TBSO 32mg	3	NDS NM LA PA
<i>isosorbide dinitrate</i> TABS 1 10mg, 20mg, 30mg			<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA
<i>isosorbide mononitrate</i> TABS 1 10mg, 20mg; TB24 30mg, 60mg, 120mg			TYVASO SOLN .6mg/ml	3	NDS NM LA PA
NITRO-BID OINT 2%	2		UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS	UPTRAVI TAB 200/800	3	NDS NM LA PA
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM LA PA
<i>nitroglycerin</i> (generic of 1 NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray					
<i>nitroglycerin</i> (generic of 1 NITROSTAT) SUBL .3mg, .4mg, .6mg					
PULMONARY ARTERIAL HYPERTENSION					
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA PA	<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA	<i>alprazolam</i> (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg	1	
<i>ambrisentan</i> (generic of 3 LETAIRIS) TABS 5mg, 10mg		PA	ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
<i>bosentan</i> (generic of 3 TRACLEER) TABS 62.5mg, 125mg		PA	<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>epoprostenol sodium</i> (generic 3 of FLOLAN) SOLR .5mg, 1.5mg		LA	<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
OPSUMIT TABS 10mg	3	NDS NM LA PA	<i>lorazepam</i> CONC 2mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg	1		DILANTIN INFATABS CHEW	3	
<i>lorazepam intensol</i> CONC 2mg/ml	1		50mg		
ANTICONVULSANTS					
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS	DILANTIN-125 SUSP	3	
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS	125mg/5ml		
BRIVIACT SOLN 50mg/5ml	3		<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>carbamazepine</i> CHEW 100mg	1		<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1		<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1		EPIDIOLEX SOLN 100mg/ml	3	NDS NM LA PA
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1		<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
CELONTIN CAPS 300mg	3		EPRONTIA SOLN 25mg/ml	3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1		<i>ethosuximide</i> CAPS 250mg	1	
<i>clonazepam</i> (generic of KLOONOPIN) TABS .5mg, 1mg, 2mg	1		<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	1	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1		<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1		<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM LA PA	FINTEPLA SOLN 2.2mg/ml	3	NDS NM LA PA
<i>diazepam</i> CONC 5mg/ml; SOLN 5mg/5ml	1		FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1		FYCOMPA TABS 2mg	3	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1		<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	3	NDS
DILANTIN CAPS 30mg, 100mg	3		<i>lacosamide</i> (generic of VIMPAT) TABS 50mg, 100mg, 150mg, 200mg	1	
			<i>lacosamide oral</i> (generic of LACOSAMIDE) SOLN 10mg/ml	1	
			LAMICTAL ODT KIT BLUE	3	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
LAMICTAL ODT KIT GREEN	3			
LAMICTAL XR KIT	3			
<i>lamotrigine</i> (generic of	1			
LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg				
<i>lamotrigine</i> (generic of	1			
LAMICTAL STARTER/TAKING V) KIT 25mg				
<i>lamotrigine</i> (generic of	1			
LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg				
<i>lamotrigine</i> (generic of	1			
LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg				
<i>lamotrigine</i> (generic of	1			
LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg				
<i>lamotrigine tab 25 mg (42) &</i>	1			
<i>100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)				
<i>lamotrigine tab 84 x 25 mg &</i>	1			
<i>14 x 100 mg starter kit</i>				
(generic of LAMICTAL STARTER/TAKING C)				
<i>lamotrigine tab disint 25 (14)</i>	1			
<i>& 50 mg (14) & 100 mg (7) kit</i>				
(generic of LAMICTAL ODT)				
<i>levetiracetam</i> (generic of	1			
KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg				
<i>levetiracetam</i> (generic of	1			
KEPPRA XR) TB24 500mg, 750mg				
<i>levetiracetam in sodium</i>	1			
<i>chloride iv soln 500 mg/100ml</i>				
(generic of				
LEVETIRACETAM)				
<i>levetiracetam in sodium</i>	1			
<i>chloride iv soln 1000</i>				
<i>mg/100ml</i> (generic of				
LEVETIRACETAM)				
<i>levetiracetam in sodium</i>	1			
<i>chloride iv soln 1500</i>				
<i>mg/100ml</i> (generic of				
LEVETIRACETAM)				
NAYZILAM SOLN 5mg/0.1ml	3			
<i>oxcarbazepine</i> (generic of	1			
TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg				
OXTELLAR XR TB24 150mg, 300mg				
OXTELLAR XR TB24 600mg	3			NDS
<i>phenobarbital</i> ELIX 20mg/5ml	3			
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2			
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3			
PHENYTEK CAPS 200mg, 300mg	3			
<i>phenytoin</i> (generic of	1			
DILANTIN INFATABS) CHEW 50mg				
<i>phenytoin</i> (generic of	1			
DILANTIN-125) SUSP 125mg/5ml				
<i>phenytoin sodium</i> SOLN 50mg/ml	1			
<i>phenytoin sodium extended</i>	1			
(generic of DILANTIN) CAPS 100mg				
<i>phenytoin sodium extended</i>	1			
(generic of PHENYTEK) CAPS 200mg, 300mg				
<i>pregabalin</i> (generic of	1			
LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml				
<i>primidone</i> (generic of	1			
MYSOLINE) TABS 50mg, 250mg				
<i>roweepra</i> (generic of	1			
KEPPRA) TABS 500mg				
<i>rufinamide</i> (generic of	3			NDS
BANZEL) SUSP 40mg/ml; TABS 400mg				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
rufinamide (generic of BANZEL) TABS 200mg	1		zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3		zonisamide CAPS 50mg	1	
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1		ANTIDEMENTIA		
subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	1		donepezil hydrochloride TBDP 5mg, 10mg	1	
subvenite starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1		galantamine hydrobromide (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS	galantamine hydrobromide SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
tiagabine hcl (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1		memantine hcl (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		memantine hcl SOLN 2mg/ml PA if < 30 yrs	1	PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		memantine hcl (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1		memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
valproic acid CAPS 250mg	1		NAMZARIC CAP 7-10MG	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3		NAMZARIC CAP 14-10MG	3	
vigabatrin (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA PA	NAMZARIC CAP 21-10MG	3	
vigadron (generic of SABRIL) PACK 500mg	3	NDS NM LA PA	NAMZARIC CAP 28-10MG	3	
VIMPAT SOLN 10mg/ml	3	NDS	NAMZARIC CAP PACK	3	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS	rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
XCOPRI PAK 12.5-25	3		rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
XCOPRI PAK 50-100MG	3	NDS	ANTIDEPRESSANTS		
XCOPRI PAK 100-150	3	NDS	amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS	amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
XCOPRI PAK 150-200MG (TITRATION)	3	NDS			

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>bupropion hcl</i> TABS 75mg, 100mg	1		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1		<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1		<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1		<i>MARPLAN</i> TABS 10mg	3	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3		<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3		<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1	
DESVENLAFAKINE ER TB24 50mg, 100mg	3		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1		<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2		<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
<i>doxepin hcl</i> CAPS 150mg	3		<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1		<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3	
<i>duloxetine hcl</i> CPEP 40mg	1		<i>perphenazine-amitriptyline tab</i> 2 2-10 mg	2	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS	<i>perphenazine-amitriptyline tab</i> 2 2-25 mg	2	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1		<i>perphenazine-amitriptyline tab</i> 2 4-10 mg	2	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1		<i>perphenazine-amitriptyline tab</i> 2 4-25 mg	2	
FETZIMA CP24 20mg, 40mg, 3 80mg, 120mg	3		<i>perphenazine-amitriptyline tab</i> 2 4-50 mg	2	
FETZIMA CAP TITRATIO	3		PEXEVA TABS 10mg, 20mg, 30mg, 40mg	3	
			<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>protriptyline hcl</i> TABS 5mg, 10mg	3		<i>carbidopa & levodopa tab 25-</i> 1 <i>100 mg (generic of SINEMET)</i>		
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1		<i>carbidopa & levodopa tab 25-</i> 1 <i>250 mg</i>		
SPRAVATO SOL 56MG DOS	3	NDS NM LA PA	<i>carbidopa & levodopa tab er</i> 1 <i>25-100 mg</i>		
SPRAVATO SOL 84MG DOS	3	NDS NM LA PA	<i>carbidopa & levodopa tab er</i> 1 <i>50-200 mg</i>		
<i>tranylcypromine sulfate</i> 1 (generic of PARNATE) TABS 10mg			<i>carbidopa-levodopa-</i> 1 <i>entacapone tabs 12.5-50-200</i> <i>mg (generic of STALEVO 50)</i>		
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1		<i>carbidopa-levodopa-</i> 1 <i>entacapone tabs 18.75-75-</i> <i>200 mg (generic of STALEVO</i> <i>75)</i>		
<i>trimipramine maleate</i> CAPS 3 25mg, 50mg, 100mg			<i>carbidopa-levodopa-</i> 1 <i>entacapone tabs 25-100-200</i> <i>mg (generic of STALEVO</i> <i>100)</i>		
TRINTELLIX TABS 5mg, 10mg, 20mg	3		<i>carbidopa-levodopa-</i> 1 <i>entacapone tabs 31.25-125-</i> <i>200 mg (generic of STALEVO</i> <i>125)</i>		
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1		<i>carbidopa-levodopa-</i> 1 <i>entacapone tabs 37.5-150-</i> <i>200 mg (generic of STALEVO</i> <i>150)</i>		
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1		<i>carbidopa-levodopa-</i> 1 <i>entacapone tabs 50-200-200</i> <i>mg (generic of STALEVO</i> <i>200)</i>		
VIBRYD KIT STARTER	3		DUOPA SUS 4.63-20	3	NDS B/D NM LA
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1		<i>entacapone (generic of</i> 1 <i>COMTAN) TABS 200mg</i>		
ANTIPARKINSONIAN AGENTS			GOCOVRI CP24 68.5mg, 137mg	3	NDS NM LA
<i>amantadine hcl</i> CAPS 1 100mg; SOLN 50mg/5ml; TABS 100mg			INBRIJA CAPS 42mg	3	NDS NM LA PA
<i>benztropine mesylate</i> SOLN 1 1mg/ml			KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM PA
<i>benztropine mesylate</i> TABS 2 .5mg, 1mg, 2mg			NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>bromocriptine mesylate</i> 1 (generic of PARLODEL) CAPS 5mg; TABS 2.5mg			NOURIANZ TABS 20mg, 40mg	3	NDS NM LA
<i>carb/levo orally disintegrating</i> 1 tab 10-100mg					
<i>carb/levo orally disintegrating</i> 1 tab 25-100mg					
<i>carb/levo orally disintegrating</i> 1 tab 25-250mg					
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1				
<i>carbidopa & levodopa tab 10-</i> 1 <i>100 mg (generic of SINEMET)</i>					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ONGENTYS CAPS 25mg, 50mg	3		<i>aripiprazole</i> TBDP 10mg, 15mg	3	NDS
OSMOLEX ER TB24 129mg, 193mg	3	NM LA	ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1		ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1		<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1		CAPLYTA CAPS 42mg	3	NDS
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1		<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
RYTARY CAP 95MG	3		CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	3	
RYTARY CAP 145MG	3		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
RYTARY CAP 195MG	3		<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg	1	
RYTARY CAP 245MG	3		<i>clozapine</i> TBDP 200mg	3	NDS
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1		FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	2		FANAPT PAK	3	
XADAGO TABS 50mg, 100mg	3	NDS	<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
ZELAPAR TBDP 1.25mg	3	NDS	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
ANTIPSYCHOTICS			<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
ABILIFY MYCITE TABS 2mg, 3 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
<i>aripiprazole</i> SOLN 1mg/ml	1				
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	NDS
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg; TABS 10mg	3	NDS NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg	1	
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg	1	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	3	NDS
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	1	
REXULTI TABS .25mg, .5mg, 3 1mg, 2mg, 3mg, 4mg	3	NDS
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
SECUADO PT24 3.8mg/24hr, 3 5.7mg/24hr, 7.6mg/24hr	3	
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR)	1	
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR)	1	
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR)	1	
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR)	1	
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR)	1	
<i>amphetamine-</i> <i>dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR)	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amphetamine- <i>dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	1		DYANAVEL XR SUER	3	2.5mg/ml
amphetamine- <i>dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	1		guanfacine hcl (adhd) (generic of INTUNIV)	2	TB24 1mg, 2mg, 3mg, 4mg
amphetamine- <i>dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	1		JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
amphetamine- <i>dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	1		metadate er TBCR 20mg	1	
amphetamine- <i>dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	1		methylphenidate (generic of DAYTRANA) PTCH	1	10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr
amphetamine- <i>dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	1		methylphenidate hcl CHEW	1	2.5mg, 5mg, 10mg; CP24 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg
amphetamine- <i>dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	1		methylphenidate hcl (generic of RITALIN LA)	1	CP24 10mg, 20mg, 30mg, 40mg
atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1		methylphenidate hcl (generic of METHYLIN) SOLN	1	5mg/5ml, 10mg/5ml
AZSTARYS CAP 26.1-5.2	3		methylphenidate hcl (generic of RITALIN) TABS	1	5mg, 10mg, 20mg
AZSTARYS CAP 39.2-7.8	3		methylphenidate hcl (generic of CONCERTA) TBCR	1	18mg, 27mg, 36mg, 54mg
AZSTARYS CAP 52.3-10.	3		METHYLPHENIDATE HYDROCHLO	3	TBCR 72mg
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3		MYDAYIS CAP 12.5MG	3	
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3		MYDAYIS CAP 25MG	3	
dexamphetamine hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1		MYDAYIS CAP 37.5MG	3	
dexamphetamine hcl (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	1		MYDAYIS CAP 50MG	3	
dextroamphetamine sulfate CP24 5mg; TABS 5mg, 10mg, 15mg, 20mg, 30mg	1		QELBREE CP24 100mg, 150mg, 200mg	3	
dextroamphetamine sulfate (generic of DEXEDRINE) CP24 10mg, 15mg	1		QUILLICHEW ER CHER 20mg, 30mg, 40mg	3	
			QUILLIVANT XR SRER 25mg/5ml	3	
			RELEXXII TBCR 72mg	3	
			VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1		ergotamine w/ caffeine tab 1- 100 mg	1				
HYPNOTICS								
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	3		frovatriptan succinate (generic of FROVA) TABS 2.5mg	1				
DAYVIGO TABS 5mg, 10mg	3		naratriptan hcl TABS 1mg, 2.5mg	1				
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg	1		NURTEC TBDP 75mg	2				
EDLUAR SUBL 5mg, 10mg	3		rizatriptan benzoate TABS 5mg; TBDP 5mg	1				
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg	3		rizatriptan benzoate (generic of MAXALT) TABS 10mg	1				
HETLIOZ CAPS 20mg	3	NDS NM LA PA	rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg	1				
HETLIOZ LQ SUSP 4mg/ml	3	NDS NM LA PA	sumatriptan (generic of IMITREX) SOLN 5mg/act, 20mg/act	1				
QUVIVIQ TABS 25mg, 50mg	3		sumatriptan succinate (generic of IMITREX) STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	1				
ramelteon (generic of ROZEREM) TABS 8mg	1		sumatriptan succinate (generic of IMITREX) STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	1				
temazepam (generic of RESTORIL) CAPS 7.5mg, 15mg, 30mg	1		sumatriptan succinate SOLN 6mg/0.5ml	1				
temazepam (generic of RESTORIL) CAPS 22.5mg	3		sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg	1				
triazolam (generic of HALCION) TABS .25mg	2		ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS			
triazolam TABS .125mg	2		zolmitriptan (generic of ZOMIG) SOLN 2.5mg, 5mg; TABS 2.5mg, 5mg	1				
zaleplon CAPS 5mg, 10mg	2		zolmitriptan TBDP 2.5mg, 5mg	1				
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg	1		MISCELLANEOUS					
zolpidem tartrate (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg	2		AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM LA PA			
MIGRAINE			ENSPRYNG SOSY	3	NDS NM LA PA			
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM	EQUETRO CP12 100mg, 200mg, 300mg	3				
almotriptan malate TABS 6.25mg, 12.5mg	1		EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA			
dihydroergotamine mesylate SOLN 1mg/ml	3	NDS	EXSERVAN FILM 50mg	3	NDS NM LA			
dihydroergotamine mesylate (generic of MIGRANAL) SOLN 4mg/ml	3	NDS						
eletriptan hydrobromide (generic of RELPAX) TABS 20mg, 40mg	1							

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FIRDAPSE TABS 10mg	3	NDS NM LA PA	AVONEX PSKT 30mcg/0.5ml	3	NDS NM PA
GRALISE TABS 300mg, 600mg	3	PA	AVONEX PEN AJKT 30mcg/0.5ml	3	NDS NM PA
HORIZANT TBCR 300mg, 600mg	3	PA	BAFIERTAM CPDR 95mg	3	NDS NM LA PA
INGREZZA CAPS 40mg, 60mg, 80mg	3	NDS NM LA PA	BETASERON KIT .3mg <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	3	NDS NM PA
INGREZZA CAP 40-80MG	3	NDS NM LA PA	<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	3	NDS NM PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1		<i>dimethyl fumarate capsule dr</i> <i>starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	3	NDS NM PA
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1		GILENYA CAPS .5mg <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
NUEDEXTA CAP 20-10MG	3	PA	<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM PA
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA	MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM LA PA
pyridostigmine bromide (generic of MESTINON)	3	NDS	MAVENCLAD (5 TABS) TBPK 10mg	3	NDS NM LA PA
SOLN 60mg/5ml			MAVENCLAD (6 TABS) TBPK 10mg	3	NDS NM LA PA
pyridostigmine bromide TABS 1 30mg	1		MAVENCLAD (7 TABS) TBPK 10mg	3	NDS NM LA PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	1		MAVENCLAD (8 TABS) TBPK 10mg	3	NDS NM LA PA
pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR 180mg	1		MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM LA PA
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA	MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM LA PA
riluzole (generic of RILUTEK) TABS 50mg	1		MAYZENT TABS .25mg, 1mg, 2mg	3	NDS NM LA PA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3		MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA PA
SAVELLA MIS TITR PAK	3		MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM LA PA
TEGSEDI SOSY 284mg/1.5ml	3	NDS NM LA PA	OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
tetrabenazine (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM PA	PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM LA PA
TIGLUTIK SUSP 50mg/10ml	3	NDS NM LA			
UPLIZNA SOLN 100mg/10ml	3	NDS NM LA PA			
MULTIPLE SCLEROSIS AGENTS					
AUBAGIO TABS 7mg, 14mg	3	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PLEGRIDY INJ STARTER	3	NDS NM LA PA
PLEGRIDY PEN INJ STARTER	3	NDS NM LA PA
PONVORY TABS 20mg	3	NDS NM LA PA
PONVORY TAB STARTER	3	NDS NM LA PA
VUMERITY CPDR 231mg	3	NDS NM LA PA
ZEPOZIA CAPS .92mg	3	NDS NM LA PA
ZEPOZIA 7DAY CAP STR PACK	3	NDS NM LA PA
ZEPOZIA CAP STR KIT	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS PA
carisoprodol (generic of SOMA) TABS 350mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	2	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	1	
dantrolene sodium CAPS 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
metaxalone (generic of SKELAXIN) TABS 800mg	3	
methocarbamol TABS 500mg, 750mg	2	
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
tizanidine hcl (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
tizanidine hcl TABS 2mg	1	
vanadom (generic of SOMA) TABS 350mg	2	
XEOMIN SOLR 50unit	3	NM LA PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
modafinil (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
SUNOSI TABS 75mg, 150mg	3	PA
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM LA PA
XYREM SOLN 500mg/ml	3	NDS NM LA PA
XYWAV SOL 0.5GM/ML	3	NDS NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
buprenorphine hcl SUBL 2mg, 8mg	1	QL PA QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)	1	QL QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)	1	QL QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)	1	QL QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)	1	QL QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>disulfiram</i> TABS 250mg, 500mg	1		<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
KLOXXADO LIQD 8mg/0.1ml	2		<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA
LUCEMYRA TABS .18mg	3	NDS	<i>testosterone</i> (generic of ANDROGEL) GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA
<i>naloxone hcl</i> (generic of NARCAN) LIQD 4mg/0.1ml	1		<i>testosterone cypionate</i> (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1		<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>naltrexone hcl</i> TABS 50mg	1		TLANDO CAPS 112.5mg	3	PA
NICOTROL INHALER INHA 10mg	3		XYOSTED SOAJ	3	PA
NICOTROL NS SOLN 10mg/ml	3		50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml		
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM	ANTIDIABETICS		
<i>varenicline tartrate</i> TABS .5mg, 1mg	1		<i>acarbose</i> (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1	
<i>varenicline tartrate</i> tab 0.5 mg x 11 & tab 1 mg x 42 pack	1		BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL
VIVITROL SUSR 380mg	3	NDS NM	BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL
ZIMHI SOSY 5mg/0.5ml	3		FARXIGA TABS 5mg, 10mg	2	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL	<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 2mg, 4mg	1	
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL	<i>glipizide</i> TABS 5mg, 10mg	1	
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL	<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL	<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	
ENDOCRINE AND METABOLIC ANDROGENS			<i>glipizide-metformin hcl tab</i> 5-500 mg	1	
AVEED SOLN 750mg/3ml	3	NM LA PA	GLYXAMBI TAB 10-5 MG	2	
JATENZO CAPS 158mg, 198mg	3	PA			
JATENZO CAPS 237mg	3	NDS PA			
NATESTO GEL 5.5mg/act	3	PA			
oxandrolone TABS 2.5mg, 10mg	1	PA			
<i>testosterone</i> GEL 1%; SOLN 30mg/act	1	PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
GLYXAMBI TAB 25-5 MG	2		<i>pioglitazone hcl-glimepiride</i>	1	
JANUMET TAB 50-500MG	2		<i>tab 30-4 mg</i> (generic of DUETACT)		
JANUMET TAB 50-1000	2		<i>pioglitazone hcl-metformin hcl</i>	1	
JANUMET XR TAB 50- 500MG	2		<i>tab 15-500 mg</i> (generic of ACTOPLUS MET)		
JANUMET XR TAB 50-1000	2		<i>pioglitazone hcl-metformin hcl</i>	1	
JANUMET XR TAB 100-1000	2		<i>tab 15-850 mg</i> (generic of ACTOPLUS MET)		
JANUVIA TABS 25mg, 50mg, 2 100mg			<i>repaglinide</i> TABS .5mg, 1mg, 1 2mg		
JARDIANCE TABS 10mg, 25mg	2		RYBELSUS TABS 3mg, 7mg, 2 14mg	QL	
JENTADUETO TAB 2.5-500	2		QL (30 tabs / 30 days)		
JENTADUETO TAB 2.5-850	2		SYMLINPEN 60 SOPN	3	NDS
JENTADUETO TAB 2.5-1000	2		1500mcg/1.5ml		
JENTADUETO TAB XR 2.5- 1000MG	2		SYMLINPEN 120 SOPN	3	NDS
JENTADUETO TAB XR 5- 1000MG	2		2700mcg/2.7ml		
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1		SYNJARDY TAB 5-500MG	2	
<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1		SYNJARDY TAB 5-1000MG	2	
<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1		SYNJARDY TAB 12.5-500	2	
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1		SYNJARDY TAB 12.5- 1000MG	2	
<i>nateglinide</i> TABS 60mg, 120mg	1		SYNJARDY XR TAB 5- 1000MG	2	
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL	SYNJARDY XR TAB 10-1000	2	
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL	SYNJARDY XR TAB 12.5- 1000MG	2	
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL	SYNJARDY XR TAB 25-1000	2	
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	1		TRADJENTA TABS 5mg	2	
<i>pioglitazone hcl-glimepiride</i> <i>tab 30-2 mg</i> (generic of DUETACT)	1		TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
			TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
			TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
			TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
			TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL
			VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL
			XIGDUO XR TAB 2.5-1000	2	
			XIGDUO XR TAB 5-500MG	2	
			XIGDUO XR TAB 5-1000MG	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XIGDUO XR TAB 10-500MG	2		NOVOLOG SOLN 100unit/ml	2	
XIGDUO XR TAB 10-1000	2		(brand RELION not covered)		
ANTIDIABETICS, INSULINS					
BASAGLAR KWIKPEN	2		NOVOLOG FLEXPEN SOPN	2	
SOPN 100unit/ml			100unit/ml		
BD ALCOHOL SWABS	2		(brand RELION not covered)		
FIASP FLEX INJ TOUCH	2		NOVOLOG MIX INJ 70/30	2	
FIASP INJ 100/ML	2		(brand RELION not covered)		
FIASP PENFIL INJ U-100	2		NOVOLOG MIX INJ	2	
GAUZE PADS 2X2	2		FLEXPEN		
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS B/D	(brand RELION not covered)		
HUMULIN R U-500 KWIKPEN	3	NDS	NOVOLOG PENFILL SOCT	2	
SOPN 500unit/ml			100unit/ml		
INSULIN PEN NEEDLES: BD/NOVO	2		(brand RELION not covered)		
INSULIN SAFETY NEEDLES	2		OMNIPOD 5 G6 KIT INTRO	3	
INSULIN SYRINGES: BD	2		OMNIPOD 5 G6 MIS PODS	3	
LANTUS SOLN 100unit/ml	2		OMNIPOD DASH KIT INTRO	3	
LANTUS SOLOSTAR SOPN	2		OMNIPOD DASH MIS PODS	3	
100unit/ml			OMNIPOD MIS CLASSIC	3	
LEVEMIR SOLN 100unit/ml	2		OMNIPOD PDM KIT CLASSIC	3	
LEVEMIR FLEXTOUCH	2		SOLIQUA INJ 100/33	2	
SOPN 100unit/ml			TOUJEAO MAX SOLOSTAR	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2		SOPN 300unit/ml		
NOVOLIN INJ 70/30 FP	2		TOUJEAO SOLOSTAR SOPN	2	
(brand RELION not covered)			300unit/ml		
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2		TRESIBA SOLN 100unit/ml	2	
NOVOLIN N FLEXPEN	2		TRESIBA FLEXTOUCH	2	
SUPN 100unit/ml (brand RELION not covered)			SOPN 100unit/ml, 200unit/ml		
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2		V-GO 20 KIT	3	
NOVOLIN R FLEXPEN	2		V-GO 30 KIT	3	
SOPN 100unit/ml (brand RELION not covered)			V-GO 40 KIT	3	
CALCIUM REGULATORS					
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg			XULTOPHY INJ 100/3.6	2	
alendronate sodium (generic of FOSAMAX) TABS 70mg					
BINOSTO TBEF 70mg					
calcitonin (salmon) spray SOLN 200unit/act					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA	<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA PA
FORTEO SOPN 600mcg/2.4ml	3	NDS NM PA	<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
FOSAMAX + D TAB 70-2800	3		<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
FOSAMAX + D TAB 70-5600	3		FERRIPROX SOLN 100mg/ml	3	NDS NM LA PA
<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1	B/D	FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS NM LA PA	LOKELMA PACK 5gm, 10gm	2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D	<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D	<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
PROLIA SOSY 60mg/ml	3	NM	sps SUSP 15gm/60ml	1	
<i>risedronate sodium</i> TABS 5mg, 30mg	1		<i>trientine hcl</i> CAPS 250mg	3	NDS NM
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg	1		VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1		CONTRACEPTIVES		
TERIPARATIDE SOPN 620mcg/2.48ml	3	NDS NM PA	<i>afirmelle</i>	1	
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA	<i>altavera</i>	1	
XGEVA SOLN 120mg/1.7ml	3	NDS NM PA	<i>alyacen 1/35</i>	1	
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM	<i>alyacen 7/7/7</i>	1	
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM	<i>amethia</i> (generic of SEASONIQUE)	1	
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM	<i>amethyst</i>	1	
CHELATING AGENTS			ANNOVERA MIS	3	
CHEMET CAPS 100mg	3		<i>apri</i>	1	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA	<i>aranelle</i>	1	
<i>deferasirox</i> (generic of JADENU) TABS 90mg	1	NM PA	<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	3	NDS NM PA	<i>aubra eq</i>	1	
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg, 250mg, 500mg	3	NDS NM PA	<i>aurovela 1/20</i>	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
blisovi fe 1.5/30	1		ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
briellyn	1		etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	1	
camila TABS .35mg	1		falmina	1	
camrese (generic of SEASONIQUE)	1		femynor	1	
camrese lo (generic of LOSEASONIQUE)	1		gemmily (generic of TAYTULLA)	1	
caziant	1		hailey 1.5/30	1	
chateal	1		hailey 24 fe	1	
cryselle-28	1		heather TABS .35mg	1	
cyred eq	1		iclevia	1	
dasetta 1/35	1		incassia TABS .35mg	1	
dasetta 7/7/7	1		introvale	1	
daysee (generic of SEASONIQUE)	1		isibloom	1	
deblitane TABS .35mg	1		jasmiel (generic of YAZ)	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3		jolessa	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	1		juleber	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		junel 1.5/30	1	
dolishale	1		junel 1/20	1	
drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1		junel fe 1.5/30	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1		junel fe 1/20	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1		junel fe 24	1	
elinest	1		kaitlib fe (generic of GENERESS FE)	1	
ELLA TABS 30mg	2		kariva (generic of MIRCETTE)	1	
eluryng (generic of NUVARING)	1		kelnor 1/35	1	
emoquette	1		kelnor 1/50	1	
enpresse-28	1		kurvelo	1	
enskyce	1		larin 1.5/30	1	
errin TABS .35mg	1		larin 1/20	1	
estarrylla	1		larin 24 fe	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1		larin fe 1.5/30	1	
			larin fe 1/20	1	
			larissia	1	
			layolis fe (generic of GENERESS FE)	1	
			leena	1	
			lessina	1	
			levonest	1	
			levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (generic of QUARTETTE)	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)	1	
levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg	1	
levora 0.15/30-28	1	
lillow	1	
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna (generic of YAZ)	1	
low-ogestrel	1	
lutera	1	
lyeq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
merzee (generic of TAYTULLA)	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
milli	1	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXTSTELLIS TAB 3- 14.2MG	3	
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg- 25 mcg (generic of GENERESS FE)	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg (generic of ORTHO TRI- CYCLEN LO)	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ocella</i> (generic of YASMIN 28)	1	
PHEXXI GEL	3	
<i>philith</i>	1	
<i>pimtrea</i> (generic of MIRCETTE)	1	
<i>pirmella</i> 1/35	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i> (generic of QUARTETTE)	1	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i> (generic of MIRCETTE)	1	
<i>simpesse</i> (generic of SEASONIQUE)	1	
SLYND TABS 4mg	3	
<i>sprintec</i> 28	1	
<i>sronyx</i>	1	
<i>syeda</i> (generic of YASMIN 28)	1	
<i>tarina</i> 24 fe	1	
<i>tarina fe</i> 1/20 eq	1	
<i>taysofy</i> (generic of TAYTULLA)	1	
<i>tilia fe</i>	1	
<i>tri-estarrylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarrylla</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra</i> lo (generic of ORTHO TRI-CYCLEN LO)	1	
<i>trivora-28</i>	1	
TYBLUME CHW 0.1-0.02	3	
<i>tydemy</i> (generic of SAFYRAL)	1	
Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>velivet</i>	1	
<i>vestura</i> (generic of YAZ)	1	
<i>vienva</i>	1	
<i>viorele</i> (generic of MIRCETTE)	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia</i> 1/35	1	
<i>zumandimine</i> (generic of YASMIN 28)	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
ORILISSA TABS 150mg, 200mg	3	NDS
SYNAREL SOLN 2mg/ml	3	NDS
ESTROGENS		
<i>amabelz</i>	2	
DELESTROGEN OIL 10mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
<i>estradiol</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate</i> tab 0.5-0.1 mg	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1
estradiol valerate (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1
ESTRING RING 2mg	3
ESTROGEL GEL .06%	3
FEMRING RING .05mg/24hr, .1mg/24hr	3
fyavolv tab 0.5mg-2.5mcg	2
fyavolv tab 1mg-5mcg	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3 PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3 PA
jinteli	2
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2
MENEST TABS .3mg, .625mg, 1.25mg	3
MENOSTAR PTWK 14mcg/24hr	3
mimvey (generic of ACTIVELLA)	2
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2
PREMARIN CREA .625mg/gm; SOLR 25mg	3
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2
PREMPHASE TAB	2
PREMPRO TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-5	2
yuvafem (generic of VAGIFEM) TABS 10mcg	1

Drug Name	Drug Requirements/ Tier Limits
GLUCOCORTICOIDS	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3 NDS NM LA
ALKINDI SPRINKLE CPSP .5mg	3 NM LA
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1
DEPO-MEDROL SUSP 20mg/ml	3 B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1
DEXAMETHASONE INTENSOL CONC 1mg/ml	3
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1
fludrocortisone acetate TABS .1mg	1
HEMADY TABS 20mg	3
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	1
KENALOG-10 SUSP 10mg/ml	3 B/D
KENALOG-80 SUSP 80mg/ml	3 B/D
MEDROL TABS 2mg	3 B/D
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1 B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1 B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1 B/D
prednisolone SOLN 15mg/5ml	1 B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>prednisolone sodium phosphate</i> (generic of PEDIAFRED) SOLN 5mg/5ml	1	B/D	<i>cinacalcet hcl</i> (generic of SENSIPIAR) TABS 30mg	1	B/D NM
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D	<i>cinacalcet hcl</i> (generic of SENSIPIAR) TABS 60mg, 90mg	3	NDS B/D NM
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D	CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA
<i>prednisone</i> TBPK 5mg, 10mg	1		CYSTAGON CAPS 50mg, 150mg	3	NM LA PA
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D	<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3		<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
SOLU-MEDROL SOLR 2gm	3	B/D	<i>desmopressin acetate spray</i> SOLN .01%	1	
TARPEYO CPDR 4mg	3	NDS NM LA PA	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
<i>triamcinolone acetonide</i> SUSP 40mg/ml	1	B/D	DOJOLVI LIQD 100%	3	NDS NM LA PA
GLUCOSE ELEVATING AGENTS					
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS	EGRIFTA SV SOLR 2mg	3	NDS NM LA PA
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/.01ml, 1mg/.02ml	2		ELAPRASE SOLN 6mg/3ml	3	NDS NM LA PA
GVOKE KIT SOLN 1mg/.02ml	2		ELELYSO SOLR 200unit	3	NDS NM LA PA
GVOKE PFS SOSY .5mg/.01ml, 1mg/.02ml	2		FABRAZyme SOLR 5mg, 35mg	3	NDS NM LA PA
MISCELLANEOUS					
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA	FENSOLVI KIT 45mg	3	NDS NM LA PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA	GALAFOLD CAPS 123mg	3	NDS NM LA PA
<i>cabergoline</i> TABS .5mg	1		GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM LA PA	GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D	HUMATROPE CART 6mg, 12mg, 24mg	3	NDS NM PA
CERDELGA CAPS 84mg	3	NDS NM LA PA	INCRELEX SOLN 40mg/4ml	3	NDS NM LA PA
CEREZYME SOLR 400unit	3	NDS NM LA PA	ISTURISA TABS 1mg, 5mg, 10mg	3	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA	JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
JYNARQUE PAK 30-15MG	3	NDS NM LA PA	NUTROPIN AQ NUSPIN 10	3	NDS NM LA PA
JYNARQUE PAK 45-15MG	3	NDS NM LA PA	NUTROPIN AQ NUSPIN 20	3	NDS NM LA PA
JYNARQUE PAK 60-30MG	3	NDS NM LA PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA
JYNARQUE PAK 90-30MG	3	NDS NM LA PA	<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM PA
KANUMA SOLN 20mg/10ml	3	NDS NM LA PA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA
KORLYM TABS 300mg	3	NDS NM LA PA	<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D	OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA
LUMIZYME SOLR 50mg	3	NDS NM LA PA	ORFADIN CAPS 20mg; SUSP 4mg/ml	3	NDS NM LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA	ORIAHNN CAP	3	NDS
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	3	NDS NM PA	PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM PA	PREGNYL W/DILUENT BENZYL SOLR 1000unit	3	NM PA
MYALEPT SOLR 11.3mg	3	NDS NM LA PA	PROCYSB1 CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA
MYCAPSSA CPDR 20mg	3	NDS NM LA PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
MYFEMBREE TAB	3	NDS	RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA	RECORLEV TABS 150mg	3	NDS NM LA PA
NEXVIAZYME SOLR 100mg	3	NDS NM LA PA	REVCovi SOLN 2.4mg/1.5ml	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA	SAIZEN SOLR 5mg, 8.8mg	3	NDS NM LA PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA	SAIZENPREP RECONSTITUTION SOLR 8.8mg	3	NDS NM LA PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA	SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA	SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA	sevelamer carbonate (generic of RENVELA) PACK .8gm, 2.4gm	3	NDS
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA	sevelamer carbonate (generic of RENVELA) TABS 800mg	1	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA	sevelamer hcl TABS 400mg	1	
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA	sevelamer hcl (generic of RENAGEL) TABS 800mg	1	
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA	VELPHORO CHEW 500mg	3	NDS
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA	PROGESTINS		
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM LA PA	CRINONE GEL 4%, 8%	3	PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA	medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA	megestrol acetate SUSP 40mg/ml	2	
TEPEZZA SOLR 500mg	3	NDS NM LA PA	megestrol acetate (appetite) SUSP 625mg/5ml	3	
tolvaptan (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM PA	norethindrone acetate (generic of AYGESTIN) TABS 5mg	1	
VIJOICE TBPK 50mg, 125mg	3	NDS NM LA PA	progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
VIJOICE TAB 250MG	3	NDS NM LA PA	THYROID AGENTS		
VIMIZIM SOLN 5mg/5ml	3	NDS NM LA PA	euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA PA	levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VPRIV SOLR 400unit	3	NDS NM LA PA	levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
ZOMACTON SOLR 5mg	3	NM PA	levothyroxine sodium (generic of TIROSINT) CAPS 112mcg	1	
ZOMACTON SOLR 10mg	3	NDS NM PA			
ZORBTIVE SOLR 8.8mg	3	NDS NM PA			
PHOSPHATE BINDER AGENTS					
calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	1				
PHOSLYRA SOLN 667mg/5ml	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>levothyroxine sodium</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg SYNTROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> CAPS 4mcg RAYALDEE CPCR 30mcg	1	B/D
<i>RAYALDEE</i> CPCR 30mcg	3	NDS
<i>AKYNZEO</i> CAP 300-0.5 <i>AKYNZEO</i> INJ 235-0.25 <i>AKYNZEO</i> INJ 235-0.25MG/20ML	3	B/D
<i>AKYNZEO</i> INJ 235-0.25MG/20ML	3	NM
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>BONJESTA</i> TAB 20-20MG	3	
<i>CINVANTI</i> EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg	1	B/D
<i>dronabinol</i> CAPS 5mg, 10mg	1	B/D
<i>EMEND</i> SUSR 125mg/5ml	3	NDS B/D
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
<i>GIMOTI</i> SOLN 15mg/act	3	NDS
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>gransetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>METOCLOPRAMIDE</i> ODT TBDP 10mg	3	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D	glycopyrrolate (generic of ROBINUL) TABS 1mg	1	
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	1		glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3		glycopyrrolate (oral) (generic of CUVPOSA) SOLN 1mg/5ml	1	
prochlorperazine SUPP 25mg	1		methscopolamine bromide TABS 2.5mg, 5mg	3	
prochlorperazine edisylate SOLN 10mg/2ml	1		H2-RECEPTOR ANTAGONISTS		
prochlorperazine maleate TABS 5mg, 10mg	1		cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2		cimetidine hcl SOLN 300mg/5ml	1	
promethazine hcl SUPP 12.5mg, 25mg	3		famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1		famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
promethegan SUPP 12.5mg, 25mg, 50mg	3		famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
SANCUSO PTCH 3.1mg/24hr	3	NDS	nizatidine CAPS 150mg, 300mg	1	
scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days	3		INFLAMMATORY BOWEL DISEASE		
SUSTOL PRSY 10mg/0.4ml	3		balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
SYNDROS SOLN 5mg/ml	3	NDS B/D	budesonide CPEP 3mg	1	
VARUBI TBPK 90mg	3	B/D NM	budesonide (generic of UCERIS) TB24 9mg	3	NDS
ANTISPASMODICS			DIPENTUM CAPS 250mg	3	NDS
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3		hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
atropine sulfate (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3		mesalamine (generic of APRISO) CP24 .375gm	1	
dicyclomine hcl CAPS 10mg; TABS 20mg	2		mesalamine (generic of PENTASA) CPCR 500mg	3	NDS
dicyclomine hcl SOLN 10mg/5ml	3		mesalamine (generic of DELZICOL) CPDR 400mg	1	
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml	3		mesalamine ENEM 4gm; TBEC 800mg	1	
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml	1		mesalamine (generic of CANASA) SUPP 1000mg	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3		mesalamine (generic of LIALDA) TBEC 1.2gm	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine w/ cleanser (generic of ROWASA) KIT 4gm</i>	1		CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
ORTIKOS CP24 6mg, 9mg	3	NDS	<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>	1	
PENTASA CPCR 250mg	3		<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
PENTASA CPCR 500mg	3	NDS	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	2	
SFROWASA ENEM 4gm/60ml	3	NDS	GATTEX KIT 5mg	3	NDS NM LA PA
<i>sulfasalazine (generic of AZULFIDINE) TABS 500mg</i>	1		HELIDAC MIS THERAPY	3	NDS
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg</i>	1		LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
UCERIS FOAM 2mg/act	3		LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA PA
LAXATIVES					
CLENPIQ SOL	3		<i>loperamide hcl CAPS 2mg</i>	1	
<i>constulose SOLN 10gm/15ml</i>	1		<i>lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg</i>	1	
<i>enulose SOLN 10gm/15ml</i>	1		<i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i>	1	
<i>gavilyte-c</i>	1		MOVANTIK TABS 12.5mg, 25mg	2	
<i>gavilyte-g (generic of GOLYTELY)</i>	1		OCALIVA TABS 5mg, 10mg	3	NDS NM LA PA
<i>generlac SOLN 10gm/15ml</i>	1		RELISTOR SOLN 8mg/0.4ml, 3 12mg/0.6ml; TABS 150mg		NDS
<i>GOLYTELY SOL</i>	2		SUCRAID SOLN 8500unit/ml	3	NDS NM LA
<i>lactulose SOLN 10gm/15ml</i>	1		<i>sucralfate (generic of CARAFATE) TABS 1gm</i>	1	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	1		SYMPROIC TABS .2mg	3	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm (generic of GOLYTELY)</i>	1		TALICIA CAP	3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1		<i>ursodiol CAPS 300mg</i>	1	
<i>peg-3350/electrolytes/asc (generic of MOVIPREP)</i>	1		<i>ursodiol (generic of URSO 250) TABS 250mg</i>	1	
PLENUV SOL	3		<i>ursodiol (generic of URSO FORTE) TABS 500mg</i>	1	
SUPREP BOWEL SOL PREP KIT	3		VIBERZI TABS 75mg, 100mg	3	NDS
SUTAB TAB	3		VOQUEZNA PAK DUAL PAK	3	
MISCELLANEOUS			VOQUEZNA PAK TRIP PK	3	
<i>alosetron hcl (generic of LOTRONEX) TABS .5mg, 1mg</i>	3	NDS	XERMELO TABS 250mg	3	NDS NM LA PA
<i>amoxicillin cap-clarithro tab- lansopraz cap dr therapy pack</i>	1		XIFAXAN TABS 550mg	3	NDS
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA PA			
BYLVAY (PELLETS) CPSP	3	NDS NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits	
PANCREATIC ENZYMES						
CREON CAP 3000UNIT	2		<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1		
CREON CAP 6000UNIT	2		PRILOSEC PACK 2.5mg, 10mg	3		
CREON CAP 12000UNT	2		<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1		
CREON CAP 24000UNT	2		GENITOURINARY			
CREON CAP 36000UNT	2		BENIGN PROSTATIC HYPERPLASIA			
PANCREAZE CAP 2600UNIT	3		<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1		
PANCREAZE CAP 4200UNIT	3		CARDURA XL TB24 4mg, 8mg	3		
PANCREAZE CAP 10500UNT	3		<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1		
PANCREAZE CAP 16800UNT	3		<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN)	1		
PANCREAZE CAP 21000UNT	3		<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1		
PANCREAZE CAP 37000	3		<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1		
PERTZYE CAP 4000UNIT	3		<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1		
PERTZYE CAP 8000UNIT	3		MISCELLANEOUS			
PERTZYE CAP 16000U	3		<i>acetic acid</i> SOLN .25%	1		
PERTZYE CAP 24000U	3		<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1		
VIOKACE TAB 10440	3		ELMIRON CAPS 100mg	3	NDS	
VIOKACE TAB 20880	3	NDS	INTRAROSA INST 6.5mg	3	PA	
ZENPEP CAP 3000UNIT	3		<i>neomycin-polymyxin b gu irrigation soln</i>	1		
ZENPEP CAP 5000UNIT	3		OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA	
ZENPEP CAP 10000UNT	3		<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1		
ZENPEP CAP 15000UNT	3		<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1		
ZENPEP CAP 20000UNT	3		<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1		
ZENPEP CAP 25000	3		THIOLA EC TBEC 100mg, 300mg	3	NDS NM	
ZENPEP CAP 40000	3		<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM	
PROTON PUMP INHIBITORS						
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1					
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg	1					
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1					
<i>lansoprazole</i> CPDR 15mg	1					
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1					
NEXIUM PACK 2.5mg, 5mg	3					
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1					

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS					
<i>darifenacin hydrobromide</i>	1		ELIQUIS STARTER PACK	2	
TB24 7.5mg, 15mg			<i>TBPK 5mg</i>		
<i>fesoterodine fumarate</i>	1		<i>enoxaparin sodium</i> (generic of 1 LOVENOX) SOLN		
(generic of TOVIAZ) TB24			300mg/3ml; SOSY		
4mg, 8mg			30mg/0.3ml, 40mg/0.4ml,		
<i>GELNIQUE GEL 10%</i>	3		60mg/0.6ml, 80mg/0.8ml,		
<i>GEMTESA TABS 75mg</i>	3		100mg/ml, 120mg/0.8ml,		
<i>MYRBETRIQ SRER 8mg/ml;</i>	3		150mg/ml		
TB24 25mg, 50mg			<i>fondaparinux sodium</i> (generic 1 of ARIXTRA) SOLN		
<i>oxybutynin chloride</i> SYRP	1		2.5mg/0.5ml		
5mg/5ml; TABS 5mg; TB24			<i>fondaparinux sodium</i> (generic 3 of ARIXTRA) SOLN		NDS
15mg			5mg/0.4ml, 7.5mg/0.6ml,		
<i>oxybutynin chloride</i> (generic 1 of DITROPAN XL) TB24			10mg/0.8ml		
5mg, 10mg			FRAGMIN SOLN	3	NDS
<i>OXYTROL PTTW 3.9mg/24hr</i>	3		95000unit/3.8ml; SOSY		
<i>solifenacain succinate</i> (generic 1 of VESICARE) TABS 5mg, 10mg			5000unit/0.2ml,		
<i>tolterodine tartrate</i> (generic of 1 DETROL LA) CP24 2mg, 4mg			7500unit/0.3ml, 10000unit/ml,		
<i>tolterodine tartrate</i> (generic of 1 DETROL) TABS 1mg, 2mg			12500unit/0.5ml,		
<i>trospium chloride</i> CP24	1		15000unit/0.6ml,		
60mg; TABS 20mg			18000unt/0.72ml		
<i>VESICARE LS SUSP</i>	3		FRAGMIN SOSY	3	
5mg/5ml			2500unit/0.2ml		
VAGINAL ANTI-INFECTIVES					
<i>CLEOCIN SUPP 100mg</i>	3		HEP SOD/DEXT INJ	3	
<i>clindamycin phosphate</i>	1		25000UNT		
vaginal (generic of CLEOCIN)			HEP SOD/NACL INJ	2	
CREA 2%			25000UNT		
<i>CLINDESSE CREA 2%</i>	3		HEPARIN SODIUM SOLN	3	B/D
<i>GYNAZOLE-1 CREA 2%</i>	3		5000unit/ml; SOSY		
<i>metronidazole vaginal GEL</i>	1		5000unit/0.5ml		
.75%			<i>heparin sodium (porcine)</i>	1	B/D
<i>miconazole 3 SUPP 200mg</i>	1		SOLN 1000unit/ml,		
<i>terconazole vaginal CREA</i>	1		5000unit/0.5ml, 5000unit/ml,		
.4%, .8%; SUPP 80mg			10000unit/ml, 20000unit/ml		
<i>VANDAZOLE GEL .75%</i>	3		<i>heparin sodium (porcine) 100</i>	1	
HEMATOLOGIC ANTICOAGULANTS			unit/ml in d5w		
<i>dabigatran etexilate mesylate</i>	1		<i>heparin sodium (porcine)-</i>	1	
CAPS 75mg			dextrose iv sol 20000		
<i>ELIQUIS TABS 2.5mg, 5mg</i>	2		unit/500ml-5%		
			<i>heparin sodium (porcine)-</i>	1	
			dextrose iv sol 25000		
			unit/500ml-5%		
			HEPARIN/NACL INJ	2	
			25000UNT		
			<i>jantoven TABS 1mg, 2mg,</i>	1	
			2.5mg, 3mg, 4mg, 5mg, 6mg,		
			7.5mg, 10mg		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
PRADAXA CAPS 75mg, 110mg, 150mg	3	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	2	NM PA
SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml		
ARANESP ALBUMIN FREE	3	NDS NM PA
SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml		
LEUKINE SOLR 250mcg	3	NDS NM PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA
PROCIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA
ZARXIO SOSY	3	NDS NM PA
300mcg/0.5ml, 480mcg/0.8ml		
ZIEXTENZO SOSY	3	NDS NM PA
6mg/0.6ml		
MISCELLANEOUS		
ADAKVEO SOLN	3	NDS NM PA
100mg/10ml		
anagrelide hcl CAPS 1mg	1	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit	3	NDS NM LA PA
CABLIVI KIT 11mg	3	NDS NM LA PA
cilostazol TABS 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
CINRYZE SOLR 500unit	3	NDS NM LA PA
DOPTELET TABS 20mg	3	NDS NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	3	NDS NM LA PA
ENDARI PACK 5gm	3	NDS NM LA PA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA PA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM LA PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml	3	NDS NM PA
KALBITOR SOLN 10mg/ml	3	NDS NM LA PA
MULPLETA TABS 3mg	3	NDS NM PA
ORLADEYO CAPS 110mg, 150mg	3	NDS NM LA PA
OXBRYTA TABS 500mg; TBSO 300mg	3	NDS NM LA PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM LA PA
PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS NM LA PA
PYRUKYND TAB 20MGX5MG	3	NDS NM LA PA
PYRUKYND TAB 50MGX20M	3	NDS NM LA PA
PYRUKYND TAPER PACK TBPK 5mg	3	NDS NM LA PA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA PA
RUCONEST SOLR 2100unit	3	NDS NM LA PA
<i>sajazir</i> (generic of FIRAZYR) SOLN 30mg/3ml	3	NDS NM LA PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
TAKHYRO SOLN 300mg/2ml; SOSY 300mg/2ml	3	NDS NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM PA			
TAVALISSE TABS 100mg, 150mg	3	NDS NM LA PA	HUMIRA PEDIA INJ CROHNS	3	NDS NM PA			
TAVNEOS CAPS 10mg	3	NDS NM LA PA	HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM PA			
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1		HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA			
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1		HUMIRA PEN KIT PS/UV	3	NDS NM PA			
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA	HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	3	NDS NM PA			
PLATELET AGGREGATION INHIBITORS								
aspirin-dipyridamole cap er 12hr 25-200 mg	1		HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	NDS NM PA			
BRILINTA TABS 60mg, 90mg	2		HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	NDS NM PA			
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS NM PA			
<i>clopidogrel bisulfate</i> TABS 300mg	1		OTEZLA TABS 30mg	3	NDS NM PA			
dipyridamole TABS 25mg, 50mg, 75mg	2		OTEZLA TAB 10/20/30	3	NDS NM PA			
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		RENFLEXIS SOLR 100mg	3	NDS NM LA PA			
ZONTIVITY TABS 2.08mg	3		RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM PA			
IMMUNOLOGIC AGENTS								
AUTOIMMUNE AGENTS								
ADBRY SOSY 150mg/ml	3	NDS NM LA PA	SKYRIZI SOSY 150mg/ml	3	NDS NM PA			
AVSOLA SOLR 100mg	3	NDS NM LA PA	SKYRIZI PEN SOAJ 150mg/ml	3	NDS NM PA			
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM LA PA	TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM LA PA			
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM PA	XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NDS NM PA			
ENBREL SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM PA	XELJANZ XR TB24 11mg, 22mg	3	NDS NM PA			
ENBREL MINI SOCT 50mg/ml	3	NDS NM PA	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)					
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM PA	HYDROXYCHLOROQUINE SULFAT TABS 100mg, 300mg, 400mg	3				
ENTYVIO SOLR 300mg	3	NDS NM LA PA	<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1				
			<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits			
<i>methotrexate sodium</i> TABS 2.5mg	1		HYQVIA INJ 10-800	3	NDS NM LA PA			
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	HYQVIA INJ 20-1600	3	NDS NM LA PA			
XATMEP SOLN 2.5mg/ml	3	B/D	HYQVIA INJ 30-2400	3	NDS NM LA PA			
IMMUNOGLOBULINS								
BIVIGAM SOLN 5gm/50ml, 10%	3	NDS NM LA PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	3	NDS NM PA			
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS NM LA PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA			
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS NM LA PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA			
CYTOGAM INJ 50mg/ml	3	NDS NM	XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS NM LA PA			
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM PA	IMMUNOMODULATORS					
GAMASTAN INJ	3	B/D NM LA	ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA			
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS NM PA	ARCALYST SOLR 220mg	3	NDS NM LA PA			
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS NM PA	GRASTEK SUBL 2800bau	3				
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS NM PA	ILARIS SOLN 150mg/ml	3	NDS NM LA PA			
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS NM LA PA	INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	3	NDS B/D NM LA			
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS NM PA	ODACTRA SUB	3				
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS NM LA PA	ORALAIR SUB 300 IR	3	NM LA			
HYQVIA INJ 2.5-200	3	NDS NM LA PA	RAGWITEK SUBL 12amba1- u	3				
HYQVIA INJ 5-400	3	NDS NM LA PA	VYVGART SOLN 400mg/20ml	3	NDS NM LA PA			
IMMUNOSUPPRESSANTS								
ASTAGRAF XL CP24 5mg	3	NDS B/D NM	ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM			
ATGAM INJ 50mg/ml	3	NDS B/D	azasan TABS 75mg, 100mg	1	B/D			
azathioprine (generic of IMURAN) TABS 50mg	1	B/D						

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>azathioprine</i> TABS 75mg, 100mg	1	B/D	<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM LA PA	<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM	VACCINES		
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	ACTHIB INJ	2	
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM	ADACEL INJ	2	
ENVARSUS XR TB24 4mg	3	NDS B/D NM	BCG VACCINE SOLR 50mg	2	
ENVARSUS XR TB24 .75mg, 1mg	3	B/D NM	BEXSERO INJ	2	
<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM	BOOSTRIX INJ	2	
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	DAPTACEL INJ	2	
LUPKYNIS CAPS 7.9mg	3	NDS NM LA PA	DENGVAXIA SUS	2	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	DIP/TET PED INJ 25-5LFU	2	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM	ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	GARDASIL 9 INJ	2	
NULOJIX SOLR 250mg	3	NDS B/D NM	HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
PROGRAF PACK .2mg, 1mg	3	B/D NM	HIBERIX SOLR 10mcg	2	
REZUROCK TABS 200mg	3	NDS NM LA PA	IMOVOX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D NM	INFANRIX INJ	2	
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA PA	IPOL INJ INACTIVE	2	
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM	IXIARO INJ	2	
			KINRIX INJ	2	
			M-M-R II INJ	2	
			MENACTRA INJ	2	
			MENQUADFI INJ	2	
			MENVEO INJ	2	
			PEDIARIX INJ 0.5ML	2	
			PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
			PENTACEL INJ	2	
			PREHEVBRIO SUSP 10mcg/ml	2	B/D
			PRIORIX INJ	2	
			PROQUAD INJ	2	
			QUADRACEL INJ	2	
			QUADRACEL INJ 0.5ML	2	
			RABAVERT INJ	2	B/D
			RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ROTARIX SUS	2		<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
ROTAQUE SOL	2		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
SHINGRIX SUSR 50mcg/0.5ml	2		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
TDVAX INJ 2-2 LF	2	B/D	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
TENIVAC INJ 5-2LF	2	B/D	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	2		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
TRUMENBA INJ	2		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
TWINRIX INJ	2		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2		KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2		<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
VARIVAX INJ 1350pfu/0.5ml	2		<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
YF-VAX INJ	2		KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ	3	
NUTRITIONAL/SUPPLEMENTS					
ELECTROLYTES/MINERALS, INJECTABLE					
D2.5W/NACL INJ 0.45%	3		KCL/D5W/LACT INJ 20MEQ/L	3	
D5W/LYTES INJ #48	3		KCL/D5W/NACL INJ 0.3/0.9% <i>lactated ringer's solution</i>	3	
D10W/NACL INJ 0.2%	2		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>	1		<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>		
<i>dextrose 5% in lactated ringers</i>	1		<i>magnesium sulfate SOLN 50%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	1		MG SO4/D5W INJ 10MG/ML	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1		PLASMA-LYTE INJ -148	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1		PLASMA-LYTE INJ -A	3	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1		<i>potassium chloride SOLN 2meq/ml</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1				
ISOLYTE-P INJ /D5W	3				
ISOLYTE-S INJ	3				
ISOLYTE-S INJ PH 7.4	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con</i> 8 TBCR 8meq	1	
<i>klor-con</i> 10 TBCR 10meq	1	
<i>klor-con</i> m10 TBCR 10meq	1	
<i>klor-con</i> m15 TBCR 15meq	1	
<i>klor-con</i> m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride</i>	1	
<i>microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq		
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW	2	
IRON		
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint</i> 1%	1	
<i>neomycin-polymyxin- dexamethasone ophth oint</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin- dexamethasone ophth susp</i> 0.1% (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED-G S.O.P OIN OP	3	
<i>sulfacetamide sodium- prednisolone ophth soln</i> 10- 0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1% (generic of TOBRADEX)	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits	
bacitracin (ophthalmic) OINT 500unit/gm	1		dexamethasone sodium phosphate (ophth) SOLN .1%	1		
bacitracin-polymyxin b ophth oint	1		diclofenac sodium (ophth) SOLN .1%	1		
BESIVANCE SUSP .6%	2		difluprednate (generic of DUREZOL) EMUL .05%	1		
CILOXAN OINT .3%	2		FLAREX SUSP .1%	3		
ciprofloxacin hcl (ophth) SOLN .3%	1		fluorometholone (ophth) SUSP .1%	1		
erythromycin (ophth) OINT 5mg/gm	1		flurbiprofen sodium SOLN .03%	1		
gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%	1		FML OINT .1%	3		
gentak OINT .3%	1		FML FORTE SUSP .25%	3		
gentamicin sulfate (ophth) SOLN .3%	1		ILEVRO SUSP .3%	2		
levofloxacin (ophth) SOLN .5%	1		INVELTYS SUSP 1%	3		
moxifloxacin hcl (ophth) SOLN .5%	1		ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	1		
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	1		ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1		
NATACYN SUSP 5%	3		LOTEMAX OINT .5%	2		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin	1		LOTEMAX SM GEL .38%	3		
neomycin-polmy-gramcid op sol 1.75-10000-0.025mg-unt- mg/ml	1		loteprednol etabonate (generic of LOTELEX) GEL .5%; SUSP .5%	1		
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1		MAXIDEX SUSP .1%	3		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	1		NEVANAC SUSP .1%	3		
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1		PRED MILD SUSP .12%	3		
tobramycin (ophth) SOLN .3%	1		prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1		
TOBREX OINT .3%	3		PREDNISOLONE SODIUM PHOSP SOLN 1%	2		
trifluridine SOLN 1%	1		PROLENSA SOLN .07%	2		
ZIRGAN GEL .15%	3		XIPERE SUSP 40mg/ml	3	NM LA PA	
ANTI-INFLAMMATORIES						
ACUVAIL SOLN .45%	3		YUTIQ IMPL .18mg	3	NDS NM LA	
ALREX SUSP .2%	2		ANTIALLERGICS			
bromfenac sodium (ophth) SOLN .09%	1		azelastine hcl (ophth) SOLN .05%	1		
BROMSITE SOLN .075%	3		bepotastine besilate (generic of BEPREVE) SOLN 1.5%	1		
			cromolyn sodium (ophth) SOLN 4%	1		
			epinastine hcl (ophth) SOLN .05%	1		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
olopatadine hcl SOLN .1%, .2%	1		timolol maleate (ophth) once-daily (generic of ISTALOL)	1				
ZERVIATE SOLN .24%	3		SOLN .5%					
ANTIGLAUCOMA								
ALPHAGAN P SOLN .1%	2		TIMOPTIC OCUDOSE SOLN .25%	3				
betaxolol hcl (ophth) SOLN .5%	1		travoprost (generic of TRAVATAN Z) SOLN .004%	1				
BETIMOL SOLN .25%, .5%	3		VYZULTA SOLN .024%	3				
BETOPTIC-S SUSP .25%	2		MISCELLANEOUS					
brimonidine tartrate SOLN .2%	1		ATROPINE SULFATE SOLN 1%	2				
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	1		atropine sulfate (ophthalmic) (generic of ATROPINE SULFATE) SOLN 1%	1				
brinzolamide (generic of AZOPT) SUSP 1%	1		BEOVU SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	3	NDS NM LA PA			
carteolol hcl (ophth) SOLN 1%	1		BYOOVIZ SOLN .5mg/0.05ml	3	NDS NM LA PA			
COMBIGAN SOL 0.2/0.5%	2		CYSTADROPS SOLN .37%	3	NDS NM LA PA			
dorzolamide hcl (generic of TRUSOPT) SOLN 2%	1		CYSTARAN SOLN .44%	3	NDS NM LA PA			
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1		EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA PA			
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	1		ISOPTO ATROPINE SOLN 1%	2				
latanoprost (generic of XALATAN) SOLN .005%	1		LACRISERT INST 5mg	3				
levobunolol hcl SOLN .5%	1		LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	3	NDS NM LA PA			
LUMIGAN SOLN .01%	2		OXERVATE SOLN .002%	3	NDS NM LA PA			
pilocarpine hcl SOLN 1%, 2%, 4%	1		proparacaine hcl (generic of ALCAINE) SOLN .5%	1				
RHOPRESSA SOLN .02%	2		RESTASIS EMUL .05%	2				
ROCKLATAN DRO	2		RESTASIS MULTIDOSE EMUL .05%	2				
SIMBRINZA SUS 1-0.2%	2		SUSVIMO SOLN 10mg/0.1ml	3	NDS NM LA PA			
timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%	1		VABYSMO SOLN 6mg/0.05ml	3	NDS NM LA PA			
timolol maleate (ophth) (generic of TIMOPTIC OCUDOSE) SOLN .5%	1		XIIDRA SOLN 5%	2				
timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%	1		OTIC					
OTIC AGENTS								
acetic acid (otic)	SOLN 2%	1	cipro HC SUS OTIC	3				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ciprofloxacin hcl (otic) SOLN .2%	1		ipratropium bromide SOLN .02%	1	B/D
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)	1		ipratropium bromide (nasal) SOLN .03%, .06%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1		SPIRIVA HANDIHALER CAPS 18mcg	3	
CORTISPORIN SUS -TC OTIC	3		SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	
flac (generic of DERMOTIC) OIL .01%	1		ANTIHISTAMINE COMBINATIONS		
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	1		azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1		CLARINEX-D TAB 2.5-120	3	
neomycin-polymyxin-hc otic soln 1%	1		ANTIHISTAMINES		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1		azelastine hcl SOLN .1%, .15%	1	
ofloxacin (otic) SOLN .3%	1		cetirizine hcl SOLN 1mg/ml	1	
OTOVEL DRO	3		cypoheptadine hcl SYRP 2mg/5ml; TABS 4mg	2	
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS			desloratadine (generic of CLARINEX) TABS 5mg	1	
ANORO ELLIPT AER 62.5-25	2		desloratadine TBDP 2.5mg, 5mg	1	
BEVESPI AER 9-4.8MCG	2		diphenhydramine hcl SOLN 50mg/ml	1	
BREZTRI AERO AER SPHERE	2		hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	3	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2		hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	
COMBIVENT AER 20-100	3		hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg	2	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D	hydroxyzine pamoate CAPS 50mg, 100mg	2	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2		levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2		olopatadine hcl (nasal) (generic of PATANASE) SOLN .6%	1	
ANTICHOLINERGICS			QUZYTIR SOLN 10mg/ml	3	
ATROVENT HFA AERS 17mcg/act	3		BETA AGONISTS		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2		albuterol sulfate AERS 108mcg/act (generic of Ventolin HFA)	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act (generic of Proventil HFA)	1		BRONCHITOL CAPS 40mg	3	NDS NM LA PA
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D	<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1		DALIRESP TABS 250mcg, 500mcg	3	
<i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml	1	B/D	ELIXOPHYLLIN ELIX 80mg/15ml	3	NDS
<i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml	3	NDS B/D	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
<i>levalbuterol tartrate</i> AERO 45mcg/act	1		ESBRIET CAPS 267mg	3	NDS NM LA PA
SEREVENT DISKUS AEPB 50mcg/dose	2		FASENRA SOSY 30mg/ml	3	NDS NM LA PA
STRIVERDI RESPIMAT AERS 2.5mcg/act	3		FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1		GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA
VENTOLIN HFA AERS 108mcg/act	2		KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM LA PA
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2		OFEV CAPS 100mg, 150mg	3	NDS NM LA PA
LEUKOTRIENE MODULATORS					
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1		ORKAMBI GRA 100-125	3	NDS NM LA PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1		ORKAMBI GRA 150-188	3	NDS NM LA PA
MISCELLANEOUS					
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D	ORKAMBI TAB 100-125	3	NDS NM LA PA
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA PA	ORKAMBI TAB 200-125	3	NDS NM LA PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg, 801mg					
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg					
PULMOZYME SOLN 2.5mg/2.5ml					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SYMDEKO TAB 50-75MG	3	NDS NM LA PA	PULMICORT FLEXHALER	3	
SYMDEKO TAB 100-150	3	NDS NM LA PA	AEPB 90mcg/act, 180mcg/act		
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3		STEROID/BETA-AGONIST COMBINATIONS		
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3		ADVAIR DISKU AER 100/50	2	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1		ADVAIR DISKU AER 250/50	2	
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NDS NM LA PA	ADVAIR DISKU AER 500/50	2	
TRIKAFTA TAB 100-50-75MG & 150MG	3	NDS NM LA PA	ADVAIR HFA AER 45/21	2	
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA	ADVAIR HFA AER 115/21	2	
ZEMAIRA SOLR 1000mg	3	NDS NM LA PA	ADVAIR HFA AER 230/21	2	
NASAL STEROIDS			BREO ELLIPTA INH 100-25	2	
BECONASE AQ SUSP 42mcg/spray	3		BREO ELLIPTA INH 200-25	2	
<i>flunisolide (nasal)</i> SOLN .025%	1		SYMBICORT AER 80-4.5	2	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1		SYMBICORT AER 160-4.5	2	
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1		TOPICAL DERMATOLOGY, ACNE		
OMNARIS SUSP 50mcg/act	3		ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS
QNASL AERS 80mcg/act	3		accutane CAPS 10mg, 20mg, 30mg, 40mg		
QNASL CHILDRENS AERS 40mcg/act	3		<i>adapalene</i> (generic of DIFFERIN) GEL .3%	1	
XHANCE EXHU 93mcg/act	3		ADAPALENE SOLN .1%	3	
ZETONNA AERS 37mcg/act	3		<i>adapalene-benzoyl peroxide</i> gel 0.1-2.5% (generic of EPIDUO)	1	
STEROID INHALANTS			<i>adapalene-benzoyl peroxide</i> gel 0.3-2.5% (generic of EPIDUO FORTE)	1	
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2		AKLIEF CREA .005%	3	
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D	ALTRENO LOTN .05%	3	
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2		amnesteem CAPS 10mg, 20mg, 40mg	1	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2		AMZEEQ FOAM 4%	3	
			ARAZLO LOTN .045%	3	
			<i>avita</i> (generic of RETIN-A) CREA .025%	1	
			<i>avita</i> GEL .025%	1	
			AZELEX CREA 20%	3	
			<i>benzoyl peroxide-</i> <i>erythromycin gel</i> 5-3% (generic of BENZAMYCIN)	1	
			claravis CAPS 10mg, 20mg, 30mg, 40mg		
			<i>clindacin etz pledges</i> SWAB 1%		

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
clindacin-p SWAB 1%	1		TAZAROTENE FOAM .1%	3	
clindamycin phosph-benzoyl	1		tretinoin (generic of RETIN-A)	1	
peroxide (refrig) gel 1.2 (1)-			CREA .025%, .05%, .1%;		
5%			GEL .01%, .025%		
clindamycin phosphate (topical) (generic of	1		tretinoin (generic of ATRALIN)	1	
EVOCLIN) FOAM 1%			GEL .05%		
clindamycin phosphate	1		tretinoin microsphere GEL	1	
(topical) GEL 1%; SOLN 1%;			.04%, .1%		
SWAB 1%			WINLEVI CREA 1%	3	
clindamycin phosphate	1		zenatane CAPS 10mg, 20mg,	1	
(topical) (generic of			30mg, 40mg		
CLEOCIN-T) LOTN 1%					
clindamycin phosphate-	1		DERMATOLOGY, ANTIBIOTICS		
benzoyl peroxide gel 1-5%			ALTABAX OINT 1%	3	
clindamycin phosphate-	1		CENTANY OINT 2%	3	
benzoyl peroxide gel 1.2-2.5%			gentamicin sulfate (topical)	1	
(generic of ACANYA)			CREA .1%; OINT .1%		
clindamycin phosphate-	1		mafenide acetate (generic of	1	
tretinoin gel 1.2-0.025%			SULFAMYLYON) PACK 5%		
(generic of ZIANA)			mupirocin OINT 2%	1	
dapsone (topical) (generic of	1		silver sulfadiazine (generic of	1	
ACZONE) GEL 5%, 7.5%			SILVADENE) CREA 1%		
DIFFERIN LOTN .1%	3		ssd (generic of SILVADENE)	1	
EPSOLAY CREA 5%	3		CREA 1%		
ery PADS 2%	1		SULFAMYLYON CREA	3	
erythromycin (acne aid)	1		85mg/gm		
(generic of ERYGEL) GEL					
2%			DERMATOLOGY, ANTIFUNGALS		
erythromycin (acne aid)	1		ciclopirox olamine (generic of	1	
SOLN 2%			LOPROX) CREA .77%;		
FABIOR FOAM .1%	3		SUSP .77%		
isotretinoin CAPS 10mg,	1		clotrimazole (topical) CREA	1	
20mg, 30mg, 40mg			1%; SOLN 1%		
isotretinoin (generic of	3	NDS	clotrimazole w/	1	
ABSORICA) CAPS 25mg,			betamethasone cream 1-		
35mg			0.05%		
myorisan CAPS 10mg, 20mg,	1		clotrimazole w/	1	
30mg, 40mg			betamethasone lotion 1-		
neuac gel 1.2-5%	1		0.05%		
ONEXTON GEL 1.2-3.75	3		econazole nitrate CREA 1%	1	
RETIN-A MICRO GEL .06%	3	NDS	JUBLIA SOLN 10%	3	NDS
RETIN-A MICRO PUMP GEL	3	NDS	ketoconazole (topical) CREA	1	
.08%			2%		
sulfacetamide sodium (acne)	1		MENTAX CREA 1%	3	
(generic of KLARON) LOTN			miconazole-zinc oxide-white	1	
10%			petrolatum oint 0.25-15-		
			81.35%		
			naftifine hcl CREA 1%, 2%;	1	
			GEL 1%		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NAFTIN GEL 1%, 2%	3	
nyamyc POWD 100000unit/gm	1	
nystatin (<i>topical</i>) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
nystop POWD 100000unit/gm	1	
OXISTAT LOTN 1%	3	PA
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	
calcipotriene FOAM .005%; OINT .005%; SOLN .005%	1	PA
calcitrene OINT .005%	1	PA
methoxsalen rapid CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
tazarotene (generic of TAZORAC) CREA .1%	1	
TAZORAC CREA .05%; GEL .05%, .1%	3	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (<i>topical</i>) SHAM 2%	1	
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2%	3	NDS
alclometasone dipropionate CREA .05%; OINT .05%	1	
amcinonide LOTN .1%	1	
betamethasone dipropionate (<i>topical</i>) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented CREA .05%; GEL .05%; LOTN .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%	1	
betamethasone valerate CREA .1%; LOTN .1%; OINT .1%	1	
betamethasone valerate (generic of LUXIQ) FOAM .12%	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CAPEX SHAM .01%	3	
clobetasol propionate CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
clobetasol propionate (generic of OLUX) FOAM .05%	1	
clobetasol propionate (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1	
clobetasol propionate e CREA .05%	1	
clobetasol propionate emulsion (generic of OLUX-E) FOAM .05%	1	
cladan (generic of CLOBEX) SHAM .05%	1	
desonide (generic of DESOWEN) CREA .05%	1	
desonide LOTN .05%; OINT .05%	1	
desoximetasone (generic of TOPICORT) LIQD .25%	1	
DUOBRII LOT ENSTILAR AER EPIFOAM AER 1%	3	NDS
fluocinolone acetonide CREA .01%	1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%	1	
fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1	
fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1	
fluocinonide CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
fluocinonide emulsified base CREA .05%	1	
fluticasone propionate CREA .05%; LOTN .05%; OINT .005%	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1		<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1		<i>doxycycline (rosacea)</i> CPDR 40mg	1	
<i>hydrocortisone butyrate</i> SOLN .1%	1		<i>FINACEA</i> FOAM 15%	3	
IMPEKLO LOTN .15mg/act	3		<i>fluorouracil (topical) (generic of EFUDEX)</i> CREA 5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1		<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	
PANDEL CREA .1%	3	NDS	<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>prednicarbate</i> OINT .1%	1		<i>imiquimod</i> CREA 5%	1	
<i>tovet</i> (generic of OLUX-E) FOAM .05%	1		<i>KLISYRI</i> OINT 1%	3	NDS
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1		<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
DERMATOLOGY, LOCAL ANESTHETICS					
<i>glydo</i> PRSY 2%	1	PA	<i>metronidazole (topical)</i> GEL .75%	1	
<i>lidocaine</i> OINT 5%	1	PA	<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA	MIRVASO GEL .33%	3	
<i>lidocaine hcl</i> GEL 2%; SOLN 4%	1	PA	NORITATE CREA 1%	3	NDS
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	PA	OPZELURA CREA 1.5%	3	NDS
QUTENZA KIT 8% 1-PCH	3	NDS NM LA	PANRETIN GEL .1%	3	NDS PA
QUTENZA KIT 8% 2-PCH	3	NDS NM LA	<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
QUTENZA KIT 8% 4-PCH	3	NDS NM LA	<i>podofilox</i> SOLN .5%	1	
ZTLIDO PTCH 1.8%	3	PA	<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE					
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%	1		<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1		PROCTOFOAM AER HC 1%	3	
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	3	NDS NM PA	<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
CONDYLOX GEL .5%	3		<i>protozozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
CORTIFOAM FOAM 10%	3		RECTIV OINT .4%	3	
DENAVIR CREA 1%	3	NDS	RHOFADE CREA 1%	3	
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	PA	<i>rosadan</i> (generic of METROCREAM) CREA .75%	1	
<i>diclofenac sodium (topical)</i> GEL 1%	1		<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1%	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits	
VALCHLOR GEL .016%	3	NDS NM LA PA
XERESE CRE 5-1%	3	NDS
ZILXI FOAM 1.5%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1	
<i>malathion</i> LOTN .5%	1	
<i>permethrin</i> CREA 5%	1	
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	NDS
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i>	1	
SOLN .9%		
<i>water for irrigation, sterile</i>	1	
<i>irrigation soln</i>		
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i>	1	
(mouth-throat) (generic of PERIDEX) SOLN .12%		
<i>clotrimazole</i> TROC 10mg	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
SOLN 2%		
<i>nystatin (mouth-throat)</i> SUSP 1 100000unit/ml		
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg		
<i>triamcinolone acetonide</i>	1	
(mouth) PSTE .1%		

Index

A	
abacavir sulfate	7
abacavir sulfate-lamivudine	
tab 600-300 mg	8
ABELCET	6
ABILITY	
see <i>aripiprazole</i>	32
ABILITY MAINTENA	32
ABILITY MYCITE	32
ABILITY MYCITE	
MAINTENANC.....	32
ABILITY MYCITE	
STARTER KI	32
abiraterone acetate	13
ABSORICA	
see <i>isotretinoin</i>	65
ABSORICA LD	64
acamprosate calcium	37
ACANYA	
see <i>clindamycin</i>	
<i>phosphate-benzoyl</i>	
<i>peroxide gel 1.2-2.5%</i>	
.....	65
acarbose	38
ACCOLATE	
see <i>zafirlukast</i>	63
ACCUPRIL	
see <i>quinapril hcl</i>	19
ACCURETIC	
see <i>quinapril-</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	19
see <i>quinapril-</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	19
see <i>quinapril-</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-25 mg</i>	19
accutane	64
acebutolol hcl	23
acetaminophen-caffeine-	
<i>dihydrocodeine cap</i>	
<i>320.5-30-16 mg</i>	2
acetaminophen w/ codeine	
<i>soln 120-12 mg/5ml</i>	2
acetaminophen w/ codeine	
<i>tab 300-15 mg</i>	2
acetaminophen w/ codeine	
<i>tab 300-30 mg</i>	2
acetaminophen w/ codeine	
<i>tab 300-60 mg</i>	2
acetazolamide	24
acetic acid	52
acetic acid (otic)	61
acetylcysteine	63
ACIPHEX	
see <i>rabeprazole sodium</i>	
.....	52
acitretin	66
ACTHIB INJ	57
ACTIMMUNE	56
ACTIQ	
see <i>fentanyl citrate</i>	2
ACTIVELLA	
see <i>estradiol &</i>	
<i>norethindrone acetate</i>	
<i>tab 1-0.5 mg</i>	45
see <i>mimvey</i>	45
ACTONEL	
see <i>risedronate sodium</i>	
.....	41
ACTOPLUS MET	
see <i>pioglitazone hcl-</i>	
<i>metformin hcl tab 15-</i>	
<i>500 mg</i>	39
see <i>pioglitazone hcl-</i>	
<i>metformin hcl tab 15-</i>	
<i>850 mg</i>	39
ACTOS	
see <i>pioglitazone hcl</i>	39
ACULAR	
see <i>ketorolac</i>	
<i>tromethamine (ophth)</i>	
.....	60
ACULAR LS	
see <i>ketorolac</i>	
<i>tromethamine (ophth)</i>	
.....	60
ACUVAIL.....	60
acyclovir	8
acyclovir sodium	8
acyclovir topical.....	67
ACZONE	
see <i>dapsone (topical)</i> ..	65
ADACEL INJ	57
ADAKVEO.....	54
adapalene	64
ADAPALENE	64
adapalene-benzoyl	
<i>peroxide gel 0.1-2.5%</i> ..	64
adapalene-benzoyl	
<i>peroxide gel 0.3-2.5%</i> ..	64
ADBRY	55
ADCIRCA	
see <i>alyq</i>	26
see <i>tadalafil (pulmonary</i>	
<i>hypertension)</i>	26
ADDERALL	
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 10 mg</i>	34
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 12.5 mg</i>	34
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 15 mg</i>	34
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 20 mg</i>	34
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 30 mg</i>	34
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 5 mg</i>	34
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 7.5 mg</i>	34
ADDERALL XR	
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 10 mg</i>	33
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 15 mg</i>	33
see <i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 20 mg</i>	33

see <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>.....33	see <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>.....25	see <i>zolpidem tartrate</i>.....35
see <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>.....33	ALDACTAZIDE TAB 50/50	AMBIEN CR
see <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>.....33	ALDACTONE	see <i>zolpidem tartrate</i>.....35
<i>adefovir dipivoxil</i>	see <i>spironolactone</i>	AMBISOME
ADEMPAS	ALDURAZYME	see <i>amphotericin b liposome</i>
ADRENALIN	ALECENSA	6
ADVAIR DISKU AER 100/50	alendronate sodium	ambrisentan
ADVAIR DISKU AER 250/50	alfuzosin hcl	66
ADVAIR DISKU AER 500/50	ALIMTA	amcinonide
ADVAIR HFA AER 115/21.....64	see <i>pemetrexed disodium</i>	41
ADVAIR HFA AER 230/21.....64	ALINIA	amethyst
ADVAIR HFA AER 45/21 64	see <i>nitazoxanide</i>	41
ADZENYS XR-ODT	ALIQOPA	amikacin sulfate
AEMCOLO	alisikiren fumarate	4
AFINITOR	ALKINDI SPRINKLE	amiloride &
see <i>everolimus</i>	allopurinol	hydrochlorothiazide tab
AFINITOR DISPERZ	see <i>allopurinol sodium</i>	5-50 mg
see <i>everolimus</i>	alosetron hcl	24
afirmelle	ALPHAGAN P	amiloride hcl
AGRYLIN	see <i>brimonidine tartrate</i>	21
see <i>anagrelide hcl</i>	alprazolam	AMITIZA
AIMOVIG	ALPRAZOLAM INTENSOL	see <i>lubiprostone</i>
AKLIEF	ALREX	51
AKYNZEO CAP 300-0.5 49	ALTABAX	amitriptyline hcl
AKYNZEO INJ 235-0.25 49	ALTACE	29
AKYNZEO INJ 235- 0.25MG/20ML.....49	see <i>ramipril</i>	amlodipine besylate
ala-cort	altavera	amlodipine besylate- atorvastatin calcium tab
ALA-SCALP	ALTOPREV	10-10 mg
albendazole.....4	ALTRENO	25
albuterol sulfate.....62, 63	ALUNBRIG	amlodipine besylate- atorvastatin calcium tab
ALCAINE	ALUNBRIG PAK	10-20 mg
see <i>proparacaine hcl</i>	alyacen 1/35	25
alclometasone dipropionate.....66	alyacen 7/7/7	amlodipine besylate- atorvastatin calcium tab
ALDACTAZIDE	alyq	2.5-10 mg
see <i>glimepiride</i>	amabelz	25
AMARYL	amantadine hcl	amlodipine besylate- atorvastatin calcium tab
see <i>glimepiride</i>	AMBIEN	2.5-20 mg

<i>amlodipine besylate-</i>		
<i>atorvastatin calcium tab</i>		
<i>5-40 mg</i>	<i>25</i>	
<i>amlodipine besylate-</i>		
<i>atorvastatin calcium tab</i>		
<i>5-80 mg</i>	<i>25</i>	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 10-20</i>		
<i>mg</i>	<i>18</i>	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 10-40</i>		
<i>mg</i>	<i>18</i>	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 2.5-10</i>		
<i>mg</i>	<i>18</i>	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 5-10</i>		
<i>mg</i>	<i>18</i>	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 5-20</i>		
<i>mg</i>	<i>18</i>	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 5-40</i>		
<i>mg</i>	<i>18</i>	
<i>amlodipine besylate-</i>		
<i>olmesartan medoxomil</i>		
<i>tab 10-20 mg</i>	<i>20</i>	
<i>amlodipine besylate-</i>		
<i>olmesartan medoxomil</i>		
<i>tab 10-40 mg</i>	<i>20</i>	
<i>amlodipine besylate-</i>		
<i>olmesartan medoxomil</i>		
<i>tab 5-20 mg</i>	<i>19</i>	
<i>amlodipine besylate-</i>		
<i>olmesartan medoxomil</i>		
<i>tab 5-40 mg</i>	<i>20</i>	
<i>amlodipine besylate-</i>		
<i>valsartan tab 10-160 mg</i>		
.....	<i>20</i>	
<i>amlodipine besylate-</i>		
<i>valsartan tab 10-320 mg</i>		
.....	<i>20</i>	
<i>amlodipine besylate-</i>		
<i>valsartan tab 5-160 mg</i>	<i>20</i>	
<i>amlodipine besylate-</i>		
<i>valsartan tab 5-320 mg</i>	<i>20</i>	
<i>amnesteem</i>	<i>64</i>	
<i>amoxapine</i>	<i>29</i>	
<i>amoxicillin</i>	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>chew tab 200-28.5 mg</i> . <i>11</i>		
<i>amoxicillin & k clavulanate</i>		
<i>chew tab 400-57 mg</i> <i>11</i>		
<i>amoxicillin & k clavulanate</i>		
<i>for susp 200-28.5 mg/5ml</i>		
.....	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>for susp 250-62.5 mg/5ml</i>		
.....	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>for susp 400-57 mg/5ml</i>		
.....	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>for susp 600-42.9 mg/5ml</i>		
.....	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>tab 250-125 mg</i>	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>tab 500-125 mg</i>	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>tab 875-125 mg</i>	<i>11</i>	
<i>amoxicillin & k clavulanate</i>		
<i>tab er 12hr 1000-62.5 mg</i>		
.....	<i>11</i>	
<i>amoxicillin cap-clarithro</i>		
<i>tab-lansopraz cap dr</i>		
<i>therapy pack</i> <i>51</i>		
<i>amphetamine-</i>		
<i>dextroamphetamine cap</i>		
<i>er 24hr 10 mg</i>	<i>33</i>	
<i>amphetamine-</i>		
<i>dextroamphetamine cap</i>		
<i>er 24hr 15 mg</i>	<i>33</i>	
<i>amphetamine-</i>		
<i>dextroamphetamine cap</i>		
<i>er 24hr 20 mg</i>	<i>33</i>	
<i>amphetamine-</i>		
<i>dextroamphetamine cap</i>		
<i>er 24hr 25 mg</i>	<i>33</i>	
<i>amphetamine-</i>		
<i>dextroamphetamine cap</i>		
<i>er 24hr 30 mg</i>	<i>33</i>	
<i>amphetamine-</i>		
<i>dextroamphetamine cap</i>		
<i>er 24hr 5 mg</i>	<i>33</i>	
<i>AMPYRA</i>		
<i>see dalfampridine</i>	<i>36</i>	
<i>AMZEEQ</i>	<i>64</i>	
<i>ANAFRANIL</i>		
<i>see clomipramine hcl</i> ... <i>30</i>		
<i>anagrelide hcl</i> <i>54</i>		
<i>ANAPROX DS</i>		
<i>see naproxen sodium</i> ... <i>1</i>		

<i>anastrozole</i>	13	<i>see exemestane</i>	13	<i>atovaquone-proguanil hcl</i>	
ANCOBON		<i>ARTHROTEC</i> 50		<i>tab</i> 62.5-25 mg	7
<i>see flucytosine</i>	6	<i>see diclofenac w/</i>		<i>ATRALIN</i>	
ANDROGEL		<i>misoprostol tab</i>		<i>see tretinoin</i>	65
<i>see testosterone</i>	38	<i>delayed release</i> 50-0.2			
ANDROGEL PUMP		<i>mg</i>	1	<i>ATRIPLA</i>	
<i>see testosterone</i>	38	<i>ARTHROTEC</i> 75		<i>see efavirenz-</i>	
ANNOVERA MIS	41	<i>see diclofenac w/</i>		<i>emtricitabine-tenofovir</i>	
ANORO ELLIPT AER	62.5-25	<i>misoprostol tab</i>		<i>df tab</i> 600-200-300 mg	
ANUSOL-HC	62	<i>delayed release</i> 75-0.2		8
<i>see hydrocortisone</i>		<i>mg</i>	1	<i>atropine sulfate</i>	50
(<i>rectal</i>).....	67	<i>ARZERRA</i>	15	<i>ATROPINE SULFATE</i> 50,	
<i>see procto-med hc</i>	67	<i>asenapine maleate</i>	32	61	
<i>see proctosol hc</i>	67	<i>ashlyna</i>	41	<i>see atropine sulfate</i>	50
<i>see proctozone-hc</i>	67	<i>ASPARLAS</i>	14	<i>see atropine sulfate</i>	
<i>aprepitant</i>	49	<i>aspirin-dipyridamole cap er</i>		(<i>ophthalmic</i>)	61
<i>aprepitant capsule therapy</i>		<i>12hr</i> 25-200 mg	55	<i>atropine sulfate</i>	
<i>pack 80 & 125 mg</i>	49	<i>ASTAGRAF XL</i>	56	(<i>ophthalmic</i>)	61
<i>apri</i>	41	<i>ATACAND</i>		<i>ATROVENT HFA</i>	62
<i>APRISO</i>		<i>see candesartan cilexetil</i>		<i>AUBAGIO</i>	36
<i>see mesalamine</i>	50	21	<i>aubra eq</i>	41
<i>APTIOM</i>	27	<i>ATACAND HCT</i>		<i>AUGMENTIN</i>	
<i>APТИВУС</i>	7	<i>see candesartan cilexetil-</i>		<i>see amoxicillin & k</i>	
<i>ARALAST NP</i>	63	<i>hydrochlorothiazide tab</i>		<i>clavulanate tab</i> 500-	
<i>aranelle</i>	41	<i>16-12.5 mg</i>	20	125 mg	11
<i>ARANESP ALBUMIN</i>		<i>see candesartan cilexetil-</i>		<i>AUGMENTIN ES-600</i>	
<i>FREE</i>	54	<i>hydrochlorothiazide tab</i>		<i>see amoxicillin & k</i>	
<i>ARAVA</i>		<i>32-12.5 mg</i>	20	<i>clavulanate for susp</i>	
<i>see leflunomide</i>	55	<i>see candesartan cilexetil-</i>		600-42.9 mg/5ml.....	11
<i>ARAZLO</i>	64	<i>hydrochlorothiazide tab</i>		<i>aurovela</i> 1/20	41
<i>ARCALYST</i>	56	<i>32-25 mg</i>	20	<i>aurovela</i> 24 fe	41
<i>arformoterol tartrate</i>	63	<i>atazanavir sulfate</i>	7	<i>aurovela fe</i> 1/20	41
<i>ARICEPT</i>		<i>ATELVIA</i>		<i>aurovela fe</i> 1.5/30	41
<i>see donepezil</i>		<i>see risedronate sodium</i>		<i>AUSTEDO</i>	35
<i>hydrochloride</i>	29	.....	41	<i>AVALIDE</i>
<i>ARIKAYCE</i>	4	<i>atenolol</i>	23	<i>see irbesartan-</i>	
<i>ARIMIDEX</i>		<i>atenolol & chlorthalidone</i>		<i>hydrochlorothiazide tab</i>	
<i>see anastrozole</i>	13	<i>tab 100-25 mg</i>	23	150-12.5 mg.....	20
<i>ariPIPRAZOLE</i>	32	<i>atenolol & chlorthalidone</i>		<i>see irbesartan-</i>	
<i>ARISTADA</i>	32	<i>tab 50-25 mg</i>	23	<i>hydrochlorothiazide tab</i>	
<i>ARISTADA INITIO</i>	32	<i>ATGAM</i>	56	300-12.5 mg.....	20
<i>ARIIXTRA</i>		<i>ATIVAN</i>		<i>AVAPRO</i>	
<i>see fondaparinux sodium</i>		<i>see lorazepam</i>	27	<i>see irbesartan</i>	
.....	53	<i>atomoxetine hcl</i>	34	21	
<i>armodafinil</i>	37	<i>atorvastatin calcium</i>	22	<i>AVEED</i>	38
<i>ARNUITY ELLIPTA</i>	64	<i>atovaquone</i>	4		
<i>AROMASIN</i>		<i>atovaquone-proguanil hcl</i>		<i>aviane</i>	41
.....		<i>tab 250-100 mg</i>	7	<i>avita</i>	64

AVONEX PEN.....	36
AVSOLA.....	55
AVYCAZ INJ 2-0.5GM	9
AYGESTIN <i>see norethindrone acetate</i>	48
ayuna	41
AYVAKIT	15
azacitidine	12
AZACTAM <i>see aztreonam</i>	4
azasan	56
AZASITE	59
azathioprine	56, 57
azelaic acid	67
azelastine hcl	62
azelastine hcl (<i>ophth</i>)	60
azelastine hcl-fluticasone <i>prop nasal spray</i> 137-50 <i>mcg/act</i>	62
AZELEX	64
AZILECT <i>see rasagiline mesylate</i>	32
azithromycin	10
AZOPT <i>see brinzolamide</i>	61
AZOR <i>see amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	20
<i>see amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	20
<i>see amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	19
<i>see amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	20
AZSTARYS CAP 26.1-5.2	34
AZSTARYS CAP 39.2-7.8	34
AZSTARYS CAP 52.3-10.	34
aztreonam	4
AZULFIDINE	
<i>see sulfasalazine</i>	51
AZULFIDINE EN-TABS <i>see sulfasalazine</i>	51
azurette	41
B <i>bacitracin (ophthalmic)</i>	60
<i>bacitracin-polymyxin b ophth oint</i>	60
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	59
bachofen	37
BACTRIM <i>see sulfamethoxazole-trimethoprim tab 400-80 mg</i>	5
BACTRIM DS <i>see sulfamethoxazole-trimethoprim tab 800-160 mg</i>	6
BAFIERTAM	36
balsalazide disodium	50
BALVERSA	15
balziva	41
BANZEL <i>see rufinamide</i>	28, 29
BARACLUDE	8
<i>see entecavir</i>	9
BASAGLAR KWIKPEN	40
BAVENCIO	15
BAXDELA	10
BCG VACCINE	57
BD ALCOHOL SWABS	40
BECONASE AQ	64
BELBUCA	1
BELEODAQ	15
BELSOMRA	35
benazepril & <i>hydrochlorothiazide tab 10-12.5 mg</i>	18
benazepril & <i>hydrochlorothiazide tab 20-12.5 mg</i>	18
benazepril & <i>hydrochlorothiazide tab 20-25 mg</i>	18
benazepril & hydrochlorothiazide tab 5-6.25mg	18
benazepril hcl	19
BENDEKA	12
BENICAR <i>see olmesartan medoxomil</i>	21
BENICAR HCT <i>see olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	20
see olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	20
see olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	20
BENLYSTA	57
BENTYL <i>see dicyclomine hcl</i>	50
BENZAMYCIN <i>see benzoyl peroxide-erythromycin gel 5-3%</i>	64
benzoyl peroxide-erythromycin gel 5-3%	64
benztropine mesylate	31
BEOVU	61
bepotastine besilate	60
BEPREVE <i>see bepotastine besilate</i>	60
BERINERT	54
BESIVANCE	60
BESPONSA	15
BESREMI	14
betaine powder for oral solution	46
betamethasone dipropionate (<i>topical</i>)	66
betamethasone dipropionate augmented	66

<i>betamethasone sod</i>	
<i>phosphate & acetate inj</i>	
<i>susp 6 (3-3) mg/ml</i> .....45	
<i>betamethasone valerate</i> .....66	
BETAPACE	
<i>see sorine</i>.....21	
<i>see sotalol hcl</i>.....21	
BETAPACE AF	
<i>see sotalol hcl (afib/afl)</i> 21	
BETASERON.....36	
<i>betaxolol hcl</i>.....23	
<i>betaxolol hcl (ophth)</i>.....61	
<i>bethanechol chloride</i>.....52	
BETHKIS	
<i>see tobramycin</i> .....6	
BETIMOL.....61	
BETOPTIC-S.....61	
BEVESPI AER 9-4.8MCG	
.....62	
<i>bexarotene</i>.....14	
<i>bexarotene (topical)</i> .....67	
BEXSERO INJ .....57	
BIAXIN XL	
<i>see clarithromycin</i> .....10	
bicalutamide.....13	
BICILLIN C-R INJ 1200000	
.....11	
BICILLIN C-R INJ 900/300	
.....11	
BICILLIN L-A.....11	
BIDIL	
<i>see isosorbide dinitrate-</i>	
<i>hydralazine hcl tab 20-</i>	
<i>37.5 mg</i> .....25	
BIKTARVY TAB 30-120-15	
<i>MG</i>.....8	
BIKTARVY TAB 50-200-25	
<i>MG</i>.....8	
BILTRICIDE	
<i>see praziquantel</i> .....5	
BINOSTO.....40	
bisoprolol &	
<i>hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i> .....23	
bisoprolol &	
<i>hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i> .....23	
bisoprolol &	
<i>hydrochlorothiazide tab</i>	
<i>5-6.25 mg</i> .....23	
bisoprolol fumarate	
BIVIGAM	
BLENREP	
<i>bleomycin sulfate</i> .....12	
<i>blisovi 24 fe</i> .....41	
<i>blisovi fe 1.5/30</i> .....42	
BONJESTA TAB 20-20MG	
.....49	
BOOSTRIX INJ .....57	
<i>bortezomib</i> .....15	
BORTEZOMIB .....15	
<i>bosentan</i> .....26	
BOSULIF .....15	
BOTOX .....37	
BRAFTOVI .....15	
BREO ELLIPTA INH 100-	
<i>25</i> .....64	
BREO ELLIPTA INH 200-	
<i>25</i> .....64	
BREZTRI AERO AER	
<i>SPHERE</i> .....62	
BREZTRI AERO AER	
<i>SPHERE</i>	
<i>(INSTITUTIONAL PACK)</i>	
.....62	
<i>briellyn</i> .....42	
BRILINTA .....55	
<i>brimonidine tartrate</i> .....61	
<i>brinzolamide</i> .....61	
BRIVIACT .....27	
<i>bromfenac sodium (ophth)</i>	
.....60	
<i>bromocriptine mesylate</i> ..31	
BROMSITE .....60	
BRONCHITOL .....63	
BROVANA	
<i>see arformoterol tartrate</i>	
.....63	
BRUKINSA .....15	
<i>budesonide</i> .....50	
<i>budesonide (inhalation)</i> ..64	
<i>bumetanide</i> .....24	
BUMEX	
<i>see bumetanide</i> .....24	
BUPHENYL	
see sodium phenylbutyrate .....48	
buprenorphine.....1	
<i>buprenorphine hcl</i> .....37	
<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
<i>mg (base equiv)</i>.....37	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5</i>	
<i>mg (base equiv)</i>.....37	
<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>mg (base equiv)</i>.....37	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>mg (base equiv)</i>.....37	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>mg (base equiv)</i>.....37	
<i>bupropion hcl</i> .....30	
<i>bupropion hcl (smoking deterrent)</i> .....37	
<i>buspirone hcl</i> .....26	
<i>butorphanol tartrate</i> .....2	
BUTRANS	
<i>see buprenorphine</i> .....1	
BYDUREON BCISE .....38	
BYETTA .....38	
BYLVAY .....51	
BYLVAY (PELLETS) .....51	
BYOOVIZ .....61	
BYSTOLIC	
<i>see nebivolol hcl</i>.....23	
C	
<i>cabergoline</i> .....46	
CABLIVI .....54	
CABOMETYX .....15	
CADUET	
<i>see amlodipine besylate-atorvastatin calcium</i>	
<i>tab 10-10 mg</i> .....25	
see amlodipine besylate-atorvastatin calcium	
<i>tab 10-20 mg</i> .....25	

see <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>.....25	CAPEX.....66	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....31
see <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>.....25	CAPLYTA.....32	<i>carboplatin</i> .....12
see <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>.....25	CAPRELSA.....15	CARDIZEM
see <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>.....25	captopril .....19	<i>see diltiazem hcl</i> .....24
see <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>.....25	CARAFATE	CARDIZEM CD
see <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>.....25	<i>see sucralfate</i> .....51	<i>see cartia xt</i> .....23
CALAN SR	carb/levo orally	<i>see diltiazem hcl coated beads</i> .....24
<i>see verapamil hcl</i> .....24	disintegrating tab 10-100mg .....31	CARDIZEM LA
calcipotriene.....66	carb/levo orally	<i>see diltiazem hcl coated beads</i> .....24
calcitonin (salmon) spray.....40	<i>disintegrating tab 25-100mg</i> .....31	<i>see matzim la</i> .....24
calcitrene.....66	carb/levo orally	CARDURA
calcitriol.....49	<i>disintegrating tab 25-250mg</i> .....31	<i>see doxazosin mesylate</i>
calcium acetate (phosphate binder)	CARBAGLU	.....19
.....48	<i>see caglumic acid</i>.....46	CARDURA XL.....52
CALQUENCE.....15	carbamazepine .....27	<i>caglumic acid</i> .....46
camila.....42	CARBATROL	<i>carisoprodol</i> .....37
CAMPTOSAR	<i>see carbamazepine</i> .....27	CARNITOR
<i>see irinotecan hcl</i> .....14	carbidopa .....31	<i>see levocarnitine (metabolic modifiers)</i>
camrese	carbidopa & levodopa tab	.....47
camrese lo	<i>10-100 mg</i> .....31	CAROSPIR .....19
CAMZYOS	carbidopa & levodopa tab	<i>carteolol hcl (ophth)</i> .....61
CANASA	<i>25-100 mg</i> .....31	<i>cartia xt</i> .....23
<i>see mesalamine</i> .....50	carbidopa & levodopa tab	<i>carvedilol</i> .....23
CANCIDAS	<i>er 25-100 mg</i> .....31	<i>carvedilol phosphate</i> .....23
<i>see caspofungin acetate</i>	carbidopa & levodopa tab	CASODEX
.....6	<i>er 50-200 mg</i> .....31	<i>see bicalutamide</i> .....13
candesartan cilexetil	carbidopa-levodopa-	<i>caspofungin acetate</i> .....6
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	<i>entacapone tabs 12.5-50-200 mg</i> .....31	CASPOFUNGIN ACETATE
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	carbidopa-levodopa-	.....6
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	<i>entacapone tabs 18.75-75-200 mg</i> .....31	CATAPRES-TTS-1
	carbidopa-levodopa-	<i>see clonidine</i> .....25
	<i>entacapone tabs 25-100-200 mg</i> .....31	CATAPRES-TTS-2
	carbidopa-levodopa-	<i>see clonidine</i> .....25
	<i>entacapone tabs 31.25-125-200 mg</i> .....31	CATAPRES-TTS-3
	carbidopa-levodopa-	<i>see clonidine</i> .....25
	<i>entacapone tabs 37.5-150-200 mg</i> .....31	CAYSTON .....4
		<i>caziant</i> .....42
		<i>cefaclor</i> .....9
		CEFACLOR ER .....9
		<i>cefadroxil</i> .....9
		CEFAZOLIN INJ
		<i>1GM/50ML</i> .....9
		<i>cefazolin sodium</i> .....9

CEFAZOLIN SOLN	
2GM/100ML-4%	9
cefdinir	9
CEFEPIME.....	9
CEFEPIME/DEX INJ 1GM	9
CEFEPIME/DEX INJ 2GM	9
cefepime hcl.....	9
cefixime.....	9
cefotetan disodium.....	9
CEFOXITIN INJ 1GM.....	9
CEFOXITIN INJ 2GM.....	9
cefoxitin sodium	9
cefpodoxime proxetil	9
cefprozil.....	9
ceftazidime.....	10
CEFTAZIDIME/ SOL D5W	
1GM.....	10
CEFTAZIDIME/ SOL D5W	
2GM.....	10
ceftriaxone sodium.....	10
cefuroxime axetil.....	10
cefuroxime sodium.....	10
CELEBREX	
see celecoxib.....	1
celecoxib	1
CELESTONE SOLUSPAN	
see betamethasone sod	
phosphate & acetate	
inj susp 6 (3-3) mg/ml	
.....	45
CELEXA	
see citalopram	
hydrobromide.....	30
CELLCEPT	
see mycophenolate	
mofetil	57
CELONTIN.....	27
CENTANY.....	65
cephalexin.....	10
CERDELGA	46
CEREZYME	46
cetirizine hcl	62
cevimeline hcl	68
chateal	42
CHEMET	41
chlorhexidine gluconate	
(mouth-throat).....	68
chloroquine phosphate.....	7
chlorpromazine hcl.....	32
CHLORPROMAZINE	
HYDROCHLOR.....	32
chlorthalidone.....	24
CHOLBAM	51
cholestyramine	22
cholestyramine light	22
choline fenofibrate.....	22
CHORIONIC	
GONADOTROPIN.....	46
CIBINQO	55
ciclopirox olamine	65
cidofovir.....	8
cilostazol	54
CILOXAN	60
CIMDUO TAB 300-300	8
cimetidine	50
cimetidine hcl	50
cinacalcet hcl	46
CINRYZE	54
CINVANTI	49
CIPRO.....	10
see ciprofloxacin hcl	10
CIPRODEX	
see ciprofloxacin-	
dexamethasone otic	
susp 0.3-0.1%.....	62
ciprofloxacin 200 mg/100ml	
in d5w	10
ciprofloxacin 400 mg/200ml	
in d5w	10
ciprofloxacin-	
dexamethasone otic susp	
0.3-0.1%	62
ciprofloxacin-fluocinolone	
acetone (pf) otic soln 0.3-	
0.025%	62
ciprofloxacin hcl	10
ciprofloxacin hcl (ophth)	60
ciprofloxacin hcl (otic)	62
CIPRO HC SUS OTIC	61
cisplatin	12
citalopram hydrobromide	30
claravis.....	64
CLARINEX	
see desloratadine.....	62
CLARINEX-D TAB 2.5-120	
.....	62
clarithromycin.....	10
CLENPIQ SOL.....	51
CLEOCIN	53
see clindamycin hcl	4
see clindamycin	
phosphate vaginal....	53
CLEOCIN PEDIATRIC	
GRANULE	
see clindamycin	
palmitate hydrochloride	
.....	4
CLEOCIN PHOSPHATE	
see clindamycin	
phosphate	4
CLEOCIN-T	
see clindamycin	
phosphate (topical) ..	65
CLIMARA	
see estradiol	44
clindacin etz pledges.....	64
clindacin-p	65
clindamycin hcl.....	4
clindamycin palmitate	
hydrochloride	4
clindamycin phosphate	4
clindamycin phosphate	
(topical).....	65
clindamycin phosphate-	
benzoyl peroxide gel 1.2-	
2.5%	65
clindamycin phosphate-	
benzoyl peroxide gel 1-	
5%	65
clindamycin phosphate in	
d5w iv soln 300 mg/50ml	
.....	4
clindamycin phosphate in	
d5w iv soln 600 mg/50ml	
.....	4
clindamycin phosphate in	
d5w iv soln 900 mg/50ml	
.....	4
clindamycin phosphate-	
tretinoin gel 1.2-0.025%	
.....	65
clindamycin phosphate	
vaginal	53

<i>clindamycin phospho-</i>	
<i>benzoyl peroxide (refrig)</i>	
<i>gel 1.2 (1)-5%</i>.....65	
CLINDESSE.....53	
CLINDMYC/NAC INJ	
<i>300/50ML</i> .....4	
CLINDMYC/NAC INJ	
<i>600/50ML</i> .....4	
CLINDMYC/NAC INJ	
<i>900/50ML</i> .....4	
CLINIMIX E INJ 2.75/D5W	
.....59	
CLINIMIX E INJ 4.25/D10	
.....59	
CLINIMIX E INJ 4.25/D5W	
.....59	
CLINIMIX E INJ 5%/D15W	
.....59	
CLINIMIX E INJ 5%/D20W	
.....59	
CLINIMIX E INJ 8/10.....59	
CLINIMIX E INJ 8/14.....59	
CLINIMIX INJ 4.25/D10 ..59	
CLINIMIX INJ 4.25/D5W .59	
CLINIMIX INJ 5%/D15W.59	
CLINIMIX INJ 5%/D20W.59	
CLINIMIX INJ 6/5 .....59	
CLINIMIX INJ 8/10 .....59	
CLINIMIX INJ 8/14 .....59	
<i>clinisol sf 15%</i> .....59	
CLINOLIPID EMU 20%...59	
<i>clobazam</i>.....27	
<i>clobetasol propionate</i>.....66	
<i>clobetasol propionate e</i> ...66	
<i>clobetasol propionate</i>	
<i>emulsion</i> .....66	
CLOBEX	
<i>see clobetasol</i>	
<i>propionate</i>.....66	
<i>see clodan</i>.....66	
clodan .....66	
<i>clomipramine hcl</i> .....30	
<i>clonazepam</i>.....27	
<i>clonidine</i> .....25	
<i>clonidine hcl</i> .....25	
<i>clopidogrel bisulfate</i> .....55	
<i>clorazepate dipotassium</i> .27	
<i>clotrimazole</i> .....68	
<i>clotrimazole (topical)</i> .....65	
<i>clotrimazole w/</i>	
<i>betamethasone cream 1-</i>	
<i>0.05%</i> .....65	
<i>clotrimazole w/</i>	
<i>betamethasone lotion 1-</i>	
<i>0.05%</i> .....65	
<i>clozapine</i>.....32	
CLOZARIL	
<i>see clozapine</i> .....32	
COARTEM TAB 20-120MG	
.....7	
<i>codeine sulfate</i>.....2	
CODEINE SULFATE .....2	
COLAZAL	
<i>see balsalazide disodium</i>	
.....50	
<i>colchicine</i> .....1	
<i>colchicine w/ probenecid</i>	
<i>tab 0.5-500 mg</i> .....1	
COLCRYS	
<i>see colchicine</i> .....1	
<i>colesevelam hcl</i> .....22	
COLESTID	
<i>see colestipol hcl</i>.....22	
<i>colestipol hcl</i> .....22	
<i>colistimethate sodium</i> .....4	
COLY-MYCIN M	
<i>see colistimethate</i>	
<i>sodium</i> .....4	
COMBIGAN SOL 0.2/0.5%	
.....61	
COMBIVENT AER 20-100	
.....62	
COMBIVIR	
<i>see lamivudine-</i>	
<i>zidovudine tab 150-</i>	
<i>300 mg</i> .....8	
COMETRIQ (60MG DOSE)	
.....15	
COMETRIQ KIT 100MG .15	
COMETRIQ KIT 140MG .15	
COMPLERA TAB .....8	
<i>compro</i> .....49	
COMTAN	
<i>see entacapone</i> .....31	
CONCERTA	
<i>see methylphenidate hcl</i>	
.....34	
CONDYLOX.....67	
<i>constulose</i>.....51	
COPAXONE	
<i>see glatiramer acetate</i> .36	
<i>see glatopa</i>.....36	
COPIKTRA.....15	
COREG	
<i>see carvedilol</i> .....23	
COREG CR	
<i>see carvedilol phosphate</i>	
.....23	
CORGARD	
<i>see nadolol</i> .....23	
CORLANOR.....25	
CORTEF	
<i>see hydrocortisone</i> .....45	
CORTENEMA	
<i>see hydrocortisone</i>	
<i>(intrarectal)</i>.....50	
CORTIFOAM .....67	
CORTISPORIN SUS -TC	
OTIC.....62	
COSOPT	
<i>see dorzolamide hcl-</i>	
<i>timolol maleate ophth</i>	
<i>soln 22.3-6.8 mg/ml</i> .61	
COSOPT PF	
<i>see dorzolamide hcl-</i>	
<i>timolol maleate ophth</i>	
<i>sol 22.3-6.8 mg/ml pf</i>	
.....61	
COTELLIC .....15	
COTEMPLA XR-ODT ....34	
COZAAR	
<i>see losartan potassium</i>	
.....21	
CREON CAP 12000UNT 52	
CREON CAP 24000UNT 52	
CREON CAP 3000UNIT .52	
CREON CAP 36000UNT 52	
CREON CAP 6000UNIT .52	
CRESEMBA .....6	
CRESTOR	
<i>see rosuvastatin calcium</i>	
.....22	
CRINONE .....48	

cromolyn sodium	63	dalfampridine	36	see <i>divalproex sodium</i>.....27
cromolyn sodium (mastocytosis)	51	DALIRESP	63	DEPAKOTE SPRINKLES
cromolyn sodium (ophth)	60	DALVANCE	4	see <i>divalproex sodium</i>.....27
crotan	68	danazol	44	DEPEN TITRATABS
cryselle-28.....	42	DANTRIUM		see <i>penicillamine</i>.....41
CRYSVITA.....	46	see <i>dantrolene sodium</i>.....37		DEPO-ESTRADIOL
CUTAQUIG	56	dantrolene sodium	37	44
CUVITRU	56	dapsone	4	DEPO-MEDROL
CUVOSA see <i>glycopyrrolate (oral)</i>		dapsone (topical)	65	45
.....	50	DAPTACEL INJ.....	57	see <i>methylprednisolone</i>
cyclobenzaprine hcl	37	daptomycin.....	5	acetate
cyclophosphamide	12	DAPTOMYCIN	4	45
CYCLOPHOSPHAMIDE	12	see <i>daptomycin</i>	5	DEPO-PROVERA
CYCLOPHOSPHAMIDE MONOHYDR	12	DARAPRIM		CONTRACEPTIV
cycloserine	8	see <i>pyrimethamine</i>	5	see
cyclosporine	57	darifenacin hydrobromide		medroxyprogesterone
cyclosporine modified (for microemulsion)	57	.....	53	acetate (contraceptive)
CYKLOKAPRON see <i>tranexamic acid</i>	55	DARZALEX	15	.....
CYMBALTA see <i>duloxetine hcl</i>	30	DARZALEX SOL FASPRO		43
cyproheptadine hcl.....	62	.....	15	DEPO-SUBQ PROVERA
CYRAMZA	15	dasetta 1/35	42	104
cyred eq	42	dasetta 7/7/7	42	42
CYSTADANE see <i>betaine powder for</i>		DAURISMO.....	15	DEPO-TESTOSTERONE
<i>oral solution</i>	46	DAYPRO		see <i>testosterone</i>
CYSTADROPS	61	see <i>oxaprozin</i>	1	cypionate
CYSTAGON.....	46	daysee	42	38
CYSTARAN	61	DAYTRANA	34	DERMA-SMOOTH/EFS
cytarabine	12	see <i>methylphenidate</i> ..	34	BODY
CYTOGAM.....	56	DAYVIGO.....	35	see <i>fluocinolone</i>
CYTOMEL see <i>liothyronine sodium</i>		DDAVP		acetonide
.....	49	see <i>desmopressin</i>		66
CYTOTEC see <i>misoprostol</i>	51	acetate	46	DERMA-SMOOTH/EFS
D		debitane	42	SCALP
D10W/NACL INJ 0.2%....	58	decitabine.....	12	see <i>fluocinolone</i>
D2.5W/NACL INJ 0.45%....	58	deferasirox	41	acetonide
D5W/LYTES INJ #48	58	deferiprone	41	66
dabigatran etexilate mesylate	53	deferoxamine mesylate ..	41	DERMOTIC
dacarbazine	14	DELESTROGEN	44	see <i>flac</i>
		see <i>estradiol valerate</i> ..	45	62
		DELSTRIGO TAB	8	see <i>fluocinolone</i>
		DELZICOL		acetonide (otic)
		see <i>mesalamine</i>	50	62
		demeclocycline hcl.....	12	DESCOZY TAB 120-15MG
		DENAVIR	67	.....
		DENGVAXIA SUS.....	57	DESCOZY TAB 200/25MG
		DEPAKOTE		.....
		see <i>divalproex sodium</i>.....27		8
		DEPAKOTE ER		8
				DESFERAL
				see <i>deferoxamine</i>
				mesylate
				41
				desipramine hcl
				30
				desloratadine
				62
				desmopressin acetate
				46
				desmopressin acetate
				spray
				46
				desmopressin acetate
				spray refrigerated
				46

<i>desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)</i>	42	DEXTROSE 5%/NACL 0.3% see <i>dextrose 5% w/ sodium chloride 0.3%</i>	58	DIFICID	10
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....</i>	42	<i>dextrose 5% in lactated ringers</i>	58	DIFLUCAN see <i>fluconazole</i>	6
<i>desonide</i>	66	<i>dextrose 5% w/ sodium chloride 0.2%.....</i>	58	diflunisal.....	1
DESOWEN see <i>desonide</i>	66	<i>dextrose 5% w/ sodium chloride 0.225%.....</i>	58	difluprednate	60
<i>desoximetasone</i>	66	<i>dextrose 5% w/ sodium chloride 0.3%.....</i>	58	digox	25
DESVENLAFAKINE ER..30		<i>dextrose 5% w/ sodium chloride 0.45%.....</i>	58	digoxin.....	25
<i>desvenlafaxine succinate30</i>		<i>dextrose 5% w/ sodium chloride 0.9%.....</i>	58	dihydroergotamine <i>mesylate</i>	35
DETROL see <i>tolterodine tartrate 53</i>		<i>DIACOMIT</i>	27	DILANTIN	27
DETROL LA see <i>tolterodine tartrate 53</i>		<i>diazepam</i>	27	see <i>phenytoin sodium extended</i>	28
<i>dexamethasone</i>	45	<i>diazepam (anticonvulsant)</i>	27	DILANTIN-125	27
DEXAMETHASONE INTENSOL	45	<i>diazepam inj.....</i>	27	see <i>phenytoin</i>	28
<i>dexamethasone sodium phosphate.....</i>	45	<i>diazoxide.....</i>	46	DILANTIN INFATABS	27
<i>dexamethasone sodium phosphate (ophth)</i>	60	DIBENZYLINE see <i>phenoxybenzamine hcl</i>	26	see <i>phenytoin</i>	28
DEXEDRINE see <i>dextroamphetamine sulfate</i>	34	DICLEGIS see <i>doxylamine- pyridoxine tab delayed release 10-10 mg</i>	49	DILAUDID see <i>hydromorphone hcl.3</i>	
DEXILANT see <i>dexlansoprazole</i>	52	<i>diclofenac potassium</i>	1	<i>diltiazem hcl</i>	24
<i>dexlansoprazole</i>	52	<i>diclofenac sodium</i>	1	<i>diltiazem hcl coated beads</i>	24
<i>dexamethylphenidate hcl</i>	34	<i>diclofenac sodium (actinic keratoses).....</i>	67	<i>diltiazem hcl extended release beads</i>	24
<i>dexrazoxane hcl.....</i>	18	<i>diclofenac sodium (ophth)</i>	60	<i>dilt-xr</i>	23
<i>dextroamphetamine sulfate</i>	34	<i>diclofenac w/ misoprostol tab delayed release 50- 0.2 mg</i>	1	<i>dimethyl fumarate</i>	36
<i>dextrose</i>	59	<i>diclofenac w/ misoprostol tab delayed release 75- 0.2 mg</i>	1	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	36
DEXTROSE/SODIUM CHLORIDE see <i>dextrose 5% w/ sodium chloride 0.225%.....</i>	58	<i>dicloxacillin sodium</i>	11	DIOVAN see <i>valsartan</i>	21
<i>dextrose 10% w/ sodium chloride 0.45%.....</i>	58	<i>dicyclomine hcl.....</i>	50	DIOVAN HCT see <i>valsartan- hydrochlorothiazide tab 160-12.5 mg</i>	21
DEXTROSE 2.5%/NACL 0.45% see <i>dextrose 2.5% w/ sodium chloride 0.45%</i>	58	DIFFERIN	65	see <i>valsartan- hydrochlorothiazide tab 160-25 mg</i>	21
<i>dextrose 2.5% w/ sodium chloride 0.45%.....</i>	58	see <i>adapalene</i>	64	see <i>valsartan- hydrochlorothiazide tab 320-12.5 mg</i>	21
				see <i>valsartan- hydrochlorothiazide tab 320-25 mg</i>	21
				see <i>valsartan- hydrochlorothiazide tab 80-12.5 mg</i>	21
				DIP/TET PED INJ 25-5LFU	57

DIPENTUM	50
diphenhydramine hcl.....	62
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....	51
diphenoxylate w/ atropine tab 2.5-0.025 mg	51
DIPROLENE	
see betamethasone	
dipropionate	
augmented.....	66
dipyridamole.....	55
disopyramide phosphate.	21
disulfiram.....	38
DITROPAN XL	
see oxybutynin chloride	
.....	53
DIURIL	24
divalproex sodium	27
DIVIGEL.....	44
docetaxel.....	14
DOCETAXEL	14
see docetaxel	14
dofetilide.....	21
DOJOLVI.....	46
dolishale.....	42
donepezil hydrochloride ..	29
DOPTELET	54
dorzolamide hcl.....	61
dorzolamide hcl-timolol maleate ophth sol 22.3- 6.8 mg/ml pf.....	61
dorzolamide hcl-timolol maleate ophth soln 22.3- 6.8 mg/ml.....	61
dotti	44
DOVATO TAB 50-300MG.	8
doxazosin mesylate	19
doxepin hcl.....	30
doxepin hcl (sleep).....	35
doxercalciferol.....	49
DOXIL	
see doxorubicin hcl	
liposomal.....	12
doxorubicin hcl	12
doxorubicin hcl liposomal	12
doxy 100	12
doxycycline (monohydrate)	
.....	12
doxycycline (rosacea)	67
doxycycline hyclate	12
doxylamine-pyridoxine tab delayed release 10-10	
mg	49
DRIZALMA SPRINKLE	30
dronabinol	49
drospirenone-ethinyl estradiol tab 3-0.02 mg	42
drospirenone-ethinyl estradiol tab 3-0.03 mg	42
drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg	42
DROXIA	54
droxidopa	25
DUETACT	
see pioglitazone hcl-	
glimepiride tab 30-2	
mg	39
see pioglitazone hcl-	
glimepiride tab 30-4	
mg	39
duloxetine hcl	30
DUOBRII LOT	66
DUOPA SUS 4.63-20.....	31
DUPIXENT	55
DUREZOL	
see difluprednate	60
dutasteride	52
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	52
DYANAVEL XR.....	34
DYMISTA	
see azelastine hcl-	
fluticasone prop nasal	
spray 137-50 mcg/act	
.....	62
DYSPORT	37
E	
e.e.s. 400	10
E.E.S. GRANULES	
see erythromycin	
ethylsuccinate	10
EC-NAPROSYN	
see ec-naproxen.....	1
see naproxen.....	1
ec-naproxen	1
econazole nitrate.....	65
EDARBI.....	21
EDARBYCLOR TAB 40- 12.5	20
EDARBYCLOR TAB 40- 25MG.....	20
EDECRIN	
see ethacrynic acid.....	24
EDLUAR	35
EDURANT	7
efavirenz	7
efavirenz-emtricitabine- tenofovir df tab 600-200- 300 mg	8
efavirenz-lamivudine- tenofovir df tab 400-300- 300 mg	8
efavirenz-lamivudine- tenofovir df tab 600-300- 300 mg	8
EFFEXOR XR	
see venlafaxine hcl.....	31
EFFIENT	
see prasugrel hcl	55
EFUDEX	
see fluorouracil (topical)	
.....	67
EGRIFTA SV.....	46
ELAPRASE	46
ELELYSO	46
ELESTRIN	44
eletriptan hydrobromide ..	35
ELIDEL	
see pimecrolimus	67
ELIGARD	13
elinest.....	42
ELIQUIS	53
ELIQUIS STARTER PACK	
.....	53
ELITEK	18
ELIXOPHYLLIN	63
ELLA	42
ELLENCE	12
ELMIRON	52
eluryng	42
EMCYT	13
EMEND	49
see aprepitant.....	49

see <i>fosaprepitant</i>	
<i>dimeglumine</i>	49
<i>emoquette</i>	42
EMPAVELI	54
EMPLICITI	15
EMSAM	30
<i>emtricitabine</i>	7
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>100-150 mg</i>	8
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>133-200 mg</i>	8
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>167-250 mg</i>	8
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>200-300 mg</i>	8
EMTRIVA	7
<i>see emtricitabine</i>	7
EMVERM	5
<i>enalapril maleate</i>	19
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-25 mg</i>	19
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-12.5 mg</i>	19
ENBREL	55
ENBREL MINI	55
ENBREL SURECLICK	55
ENDARI	54
<i>endocet tab 10-325mg</i>	2
<i>endocet tab 2.5-325mg</i>	2
<i>endocet tab 5-325mg</i>	2
<i>endocet tab 7.5-325mg</i>	2
ENGERIX-B	57
ENHERTU	15
ENJAYMO	54
<i>enoxaparin sodium</i>	53
<i>enpresse-28</i>	42
<i>enskyce</i>	42
ENSPRYNG	35
ENSTILAR AER	66
<i>entacapone</i>	31
<i>entecavir</i>	9
ENTRESTO TAB 24-26MG	
.....	20
ENTRESTO TAB 49-51MG	
.....	20
ENTRESTO TAB 97-	
<i>103MG</i>	20
ENTYVIO	55
<i>enulose</i>	51
ENVARSUS XR	57
EPANED	
<i>see enalapril maleate</i> ..	19
EPCLUSA PAK 150-37.5 ..	9
EPCLUSA PAK 200-50MG	
.....	9
EPCLUSA TAB 200-50MG	
.....	9
EPCLUSA TAB 400-100 ..	9
EPIDIOLEX	27
EPIDUO	
<i>see adapalene-benzoyl</i>	
<i>peroxide gel 0.1-2.5%</i>	
.....	64
EPIDUO FORTE	
<i>see adapalene-benzoyl</i>	
<i>peroxide gel 0.3-2.5%</i>	
.....	64
EPIFOAM AER 1%	66
<i>epinastine hcl (ophth)</i>	60
<i>epinephrine (anaphylaxis)</i>	
.....	63
EPIPEN 2-PAK	
<i>see epinephrine</i>	
<i>(anaphylaxis)</i>	63
EPIPEN-JR 2-PAK	
<i>see epinephrine</i>	
<i>(anaphylaxis)</i>	63
<i>epitol</i>	27
EPIVIR	
<i>see lamivudine</i>	7
EPIVIR HBV	9
<i>see lamivudine (hbv)</i> ..	9
<i>eplerenone</i>	19
<i>epoprostenol sodium</i>	26
EPRONTIA	27
EPSOLAY	65
EPZICOM	
see abacavir sulfate-	
<i>lamivudine tab 600-</i>	
<i>300 mg</i>	8
EQUETRO	35
ERAXIS	6
ERBITUX	15
<i>ergotamine w/ caffeine tab</i>	
<i>1-100 mg</i>	35
ERIVEDGE	15
ERLEADA	13
<i>erlotinib hcl</i>	15
<i>errin</i>	42
<i>ertapenem sodium</i>	5
<i>ery</i>	65
ERYGEL	
<i>see erythromycin (acne</i>	
<i>aid)</i>	65
ERYPED 400	
<i>see erythromycin</i>	
<i>ethylsuccinate</i>	10
<i>ery-tab</i>	10
ERYTHROCIN	
<i>LACTOBIONATE</i>	10
<i>see erythromycin</i>	
<i>lactobionate</i>	10
<i>erythrocin stearate</i>	10
<i>erythromycin (acne aid)</i> ..	65
<i>erythromycin (ophth)</i> ..	60
<i>erythromycin base</i>	10
<i>erythromycin ethylsuccinate</i>	
.....	10
<i>erythromycin lactobionate</i>	
.....	10
ESBRIET	63
<i>see pirfenidone</i>	63
<i>escitalopram oxalate</i>	30
<i>esomeprazole magnesium</i>	
.....	52
<i>esomeprazole sodium</i>	52
<i>estarrylla</i>	42
ESTRACE	
<i>see estradiol</i>	44
<i>see estradiol vaginal</i> ..	45
<i>estradiol</i>	44
<i>estradiol & norethindrone</i>	
<i>acetate tab 0.5-0.1 mg</i>	44
<i>estradiol & norethindrone</i>	
<i>acetate tab 1-0.5 mg</i>	45

<i>estradiol vaginal</i>	45	<i>see amlodipine besylate-valsartan tab 5-160 mg</i>	32
<i>estradiol valerate</i>	45	.....20	FARESTON
ESTRING	45	<i>see amlodipine besylate-valsartan tab 5-320 mg</i>	<i>see toremifene citrate</i> ..14
ESTROGEL	45	.....20	FARXIGA .....38
<i>eszopiclone</i>	35	EXFORGE HCT TAB 10-	FASENRA .....63
<i>ethacrynic acid</i>	24	160-12.5MG	FASENRA PEN.....63
<i>ethambutol hcl</i>	8	20	FASLODEX
<i>ethosuximide</i>	27	EXFORGE HCT TAB 10-	<i>see fulvestrant</i>.....13
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	42	160-25MG	<i>febuxostat</i> .....1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	42	20	<i>felbamate</i> .....27
<i>etodolac</i>	1	EXFORGE HCT TAB 10-	FELBATOL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	42	320-25MG	<i>see felbamate</i>.....27
ETOPOPHOS	14	20	FELDENE
<i>etoposide</i>	14	EXFORGE HCT TAB 5-	<i>see piroxicam</i> .....1
<i>etravirine</i>	7	160-12.5MG	<i>felodipine</i> .....24
<i>euthyrox</i>	48	20	FEMARA
EVENITY	41	EXJADE	<i>see letrozole</i> .....13
<i>everolimus</i>	15	<i>see deferasirox</i>.....41	FEMRING .....45
<i>everolimus (immunosuppressant)</i>	57	EXKIVITY	<i>femynor</i> .....42
EVISTA		.....15	<i>fenofibrate</i> .....22
<i>see raloxifene hcl</i>	47	EXSERVAN	<i>fenofibrate micronized</i>....22
EVKEEZA	22	EYLEA	FENSOLVI .....46
EVOCLIN		.....61	<i>fentanyl</i> .....1
<i>see clindamycin phosphate (topical)</i>	65	EZALLOR SPRINKLE	<i>fentanyl citrate</i>.....2, 3
EVOTAZ TAB 300-150	8	.....22	FERRIPROX .....41
EVOXAC		EZETIMIBE/ROSUVASTAT	<i>see deferiprone</i> .....41
<i>see cevimeline hcl</i>	68	IN TAB 10-10MG.....22	FERRIPROX TWICE-A-DAY
EVRYSDI	35	EZETIMIBE/ROSUVASTAT	.....41
EXELON		IN TAB 10-20MG.....22	<i>fesoterodine fumarate</i> ....53
<i>see rivastigmine</i>	29	EZETIMIBE/ROSUVASTAT	FETROJA .....10
exemestane	13	IN TAB 10-40MG.....22	FETZIMA .....30
EXFORGE		EZETIMIBE/ROSUVASTAT	<i>FETZIMA CAP TITRATIO</i>
<i>see amlodipine besylate-valsartan tab 10-160 mg</i>	20	IN TAB 10-5MG.....22	.....30
<i>see amlodipine besylate-valsartan tab 10-320 mg</i>	20	ezetimibe-simvastatin tab	FIASP FLEX INJ TOUCH40
		10-10 mg	FIASP INJ 100/ML .....40
		ezetimibe-simvastatin tab	FIASP PENFIL INJ U-100
		10-20 mg .....	.....40
		ezetimibe-simvastatin tab	FINACEA .....67
		10-40 mg	<i>see azelaic acid</i>.....67
		ezetimibe-simvastatin tab	finasteride .....52
		10-80 mg	FINTEPLA .....27
		F	FIRAZYR
		FABIOR.....65	<i>see icatibant acetate</i> ..54
		FABRAZYME.....46	<i>see sajazir</i> .....54
		falmina	FIRDAPSE .....36
		famciclovir.....9	FIRMAGON.....13
		famotidine	FIRVANQ .....5
		famotidine in nacl 0.9% iv soln 20 mg/50ml.....50	flac
		FANAPT.....32	62

FLAGYL	see <i>dexamethylphenidate hcl</i>	46
<i>see metronidazole</i>	5	
FLAREX	60	
FLEBOGAMMA DIF	56	
flecainide acetate	21	
FLOLAN		
<i>see epoprostenol sodium</i>		
.....	26	
FLOLIPID	22	
FLOMAX		
<i>see tamsulosin hcl</i>	52	
FLOVENT DISKUS	64	
FLOVENT HFA	64	
fluconazole	6	
<i>fluconazole in nacl 0.9% inj</i>		
<i>200 mg/100ml</i>	6	
<i>fluconazole in nacl 0.9% inj</i>		
<i>400 mg/200ml</i>	6	
flucytosine	6	
fludarabine phosphate	13	
fludrocortisone acetate	45	
flunisolide (nasal)	64	
fluocinolone acetonide	66	
<i>fluocinolone acetonide</i>		
<i>(otic)</i>	62	
fluocinonide	66	
<i>fluocinonide emulsified</i>		
<i>base</i>	66	
fluorometholone (ophth)	60	
fluorouracil	13	
<i>fluorouracil (topical)</i>	67	
fluoxetine hcl	30	
fluphenazine decanoate	32	
fluphenazine hcl	32	
flurbiprofen	1	
flurbiprofen sodium	60	
fluticasone propionate	66	
<i>fluticasone propionate</i>		
<i>(nasal)</i>	64	
fluvastatin sodium	22	
fluvoxamine maleate	26	
FML	60	
FML FORTE	60	
FOCALIN		
<i>see dexamethylphenidate hcl</i>		
.....	34	
FOCALIN XR		
GALAFOLD	46	
galantamine hydrobromide		
.....	29	
GAMASTAN INJ	56	
GAMMAGARD LIQUID	56	
GAMMAGARD S/D IGA		
<i>LESS TH</i>	56	
GAMMAKED	56	
GAMMAPLEX	56	
GAMUNEX-C	56	
GANCICLOVIR	9	
<i>ganciclovir sodium</i>	9	
GARDASIL 9 INJ	57	
GASTROCROM		
<i>see cromolyn sodium</i>		
<i>(mastocytosis)</i>	51	
gatifloxacin (ophth)	60	
GATTEX	51	
GAUZE PADS 2X2	40	
gavilyte-c	51	
gavilyte-g	51	
GAVRETO	15	
GAZYVA	15	
GELNIQUE	53	
gemcitabine hcl	13	
GEMCITABINE		
<i>HYDROCHLORIDE</i>		
<i>see gemcitabine hcl</i>	13	
gemfibrozil	22	
gemmily	42	
GEMTESA	53	
GENERESS FE		
<i>see kaitlib fe</i>	42	
<i>see layolis fe</i>	42	
<i>see norethindrone & ethinyl estradiol-fe</i>		
<i>chew tab 0.8 mg-25 mcg</i>		
<i>mcg</i>	43	
generlac	51	
gengraf	57	
GENOTROPIN	46	
GENOTROPIN MINIQUICK		
.....	46	
gentak	60	
gentamicin in saline inj		
<i>0.8 mg/ml</i>	5	
gentamicin in saline inj		
<i>1.2 mg/ml</i>	5	

<i>gentamicin in saline inj 1.6 mg/ml</i>.....5	see <i>gavilyte-g</i> .....51	HEPARIN SODIUM.....53
<i>gentamicin in saline inj 1 mg/ml</i>.....5	see <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....51	<i>heparin sodium (porcine)</i> 53
<i>gentamicin in saline inj 2 mg/ml</i>.....5	GOLYTELY SOL .....51	<i>heparin sodium (porcine) 100 unit/ml in d5w</i> .....53
<i>gentamicin sulfate</i> .....5	GRALISE .....36	<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> .....53
<i>gentamicin sulfate (ophth)</i> .....60	granisetron hcl .....49	<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> .....53
<i>gentamicin sulfate (topical)</i> .....65	GRASTEK .....56	HEPSERA
GENVOYA TAB .....8	griseofulvin microsize .....6	see <i>adefovir dipivoxil</i> .....8
GEODON	griseofulvin ultramicrosize .....6	HEP SOD/DEXT INJ
<i>see ziprasidone hcl</i> .....33	guanfacine hcl .....25	25000UNT .....53
<i>see ziprasidone mesylate</i> .....33	guanfacine hcl (adhd) .....34	HEP SOD/NACL INJ
GILENYA .....36	GVOKE HYPOPEN 2-PACK .....46	25000UNT .....53
GILOTrif .....15	GVOKE KIT .....46	HERCEP HYLEC SOL 60-10000 .....15
GIMOTI .....49	GVOKE PFS .....46	HERCEPTIN .....15
GIVLAARI .....54	GYNAZOLE-1 .....53	HERZUMA .....15
GLASSIA .....63	H	HETLIOZ .....35
<i>glatiramer acetate</i> .....36	HAEGARDA .....54	HETLIOZ LQ .....35
<i>glatopa</i> .....36	<i>hailey 1.5/30</i> .....42	HIBERIX .....57
GLEEVEC	<i>hailey 24 fe</i> .....42	HIPREX
<i>see imatinib mesylate</i> ..16	HALAVEN .....14	<i>see methenamine hippurate</i> .....5
glimepiride .....38	HALCION	HIZENTRA .....56
glipizide .....38	<i>see triazolam</i> .....35	HORIZANT .....36
glipizide-metformin hcl tab	HALDOL DECANOATE	HUMATIN
2.5-250 mg .....38	100	<i>see paromomycin sulfate</i>
glipizide-metformin hcl tab	<i>see haloperidol</i>	.....5
2.5-500 mg .....38	decanoate .....32	HUMATROPE .....46
glipizide-metformin hcl tab	HALDOL DECANOATE 50	HUMIRA .....55
5-500 mg .....38	<i>see haloperidol</i>	HUMIRA PEDIA INJ
glipizide xl .....38	decanoate .....32	CROHNS .....55
GLOPERBA .....1	halobetasol propionate .....67	HUMIRA PEDIATRIC
GLUCOTROL XL	haloperidol .....32	CROHNS D .....55
<i>see glipizide</i> .....38	haloperidol decanoate .....32	HUMIRA PEN .....55
<i>see glipizide xl</i> .....38	haloperidol lactate .....32	HUMIRA PEN-CD/UC/HS
glycopyrrolate .....50	HARVONI PAK 33.75-150MG .....9	START .....55
GLYCOPYRROLATE .....50	HARVONI PAK 45-200MG .....9	HUMIRA PEN KIT PS/UV
glycopyrrolate (oral) .....50	HARVONI TAB 45-200MG9	.....55
glydo .....67	HARVONI TAB 90-400MG9	HUMIRA PEN-PEDIATRIC
GLYXAMBI TAB 10-5 MG	HAVRIX .....57	UC S .....55
.....38	<i>heather</i> .....42	HUMIRA PEN-PS/UV
GLYXAMBI TAB 25-5 MG	HELIDAC MIS THERAPY .....51	STARTER .....55
.....39	HEMADY .....45	HUMULIN R U-500
GOCOVRI .....31	HEPARIN/NACL INJ 25000UNT .....53	(CONCENTR) .....40
GOLYTELY		

HUMULIN R U-500	
KWIKPEN	40
HYCAMTIN	
see <i>topotecan hcl</i>	14
hydralazine hcl	25
HYDREA	
see <i>hydroxyurea</i>	14
hydrochlorothiazide.....	24
hydrocodone-	
acetaminophen soln 7.5- 325 mg/15ml.....	3
hydrocodone-	
acetaminophen tab 10- 300 mg	3
hydrocodone-	
acetaminophen tab 10- 325 mg	3
hydrocodone-	
acetaminophen tab 5-300 mg	3
hydrocodone-	
acetaminophen tab 5-325 mg	3
hydrocodone-	
acetaminophen tab 7.5- 300 mg	3
hydrocodone-	
acetaminophen tab 7.5- 325 mg	3
hydrocodone bitartrate	2
hydrocodone-ibuprofen tab	
10-200 mg	3
hydrocodone-ibuprofen tab	
5-200 mg	3
hydrocodone-ibuprofen tab	
7.5-200 mg	3
hydrocortisone	45
hydrocortisone (<i>intrarectal</i>)	
.....	50
hydrocortisone (<i>rectal</i>)	67
hydrocortisone (<i>topical</i>)...67	
hydrocortisone butyrate ..67	
hydrocortisone w/ acetic acid otic soln 1-2%	62
hydromorphone hcl	2, 3
HYDROMORPHONE	
HYDROCHLORI.....	3
HYDROXYCHLOROQUINE	
SULFAT.....	55
<i>hydroxychloroquine sulfate</i>	
.....	55
<i>hydroxyprogesterone</i>	
<i>caproate (antineoplastic)</i>	
.....	13
<i>hydroxyurea</i>	14
<i>hydroxyzine hcl</i>	62
<i>hydroxyzine pamoate</i>	62
HYQVIA INJ 10-800	56
HYQVIA INJ 2.5-200	56
HYQVIA INJ 20-1600	56
HYQVIA INJ 30-2400	56
HYQVIA INJ 5-400	56
HYSINGLA ER.....	2
HYZAAR	
see <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i>	
100-12.5 mg.....	20
see <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i>	
100-25 mg.....	20
see <i>losartan potassium &</i> <i>hydrochlorothiazide tab</i>	
50-12.5 mg.....	20
I	
ibandronate sodium	41
IBRANCE	15
ibu	1
ibuprofen	1
icatibant acetate	54
iclevia	42
ICLUSIG.....	15
IDHIFA	16
IFEX	12
ifosfamide.....	12
IFOSFAMIDE	12
ILARIS.....	56
ILEVRO	60
imatinib mesylate	16
IMBRUVICA	16
IMFINZI	16
imipenem-cilastatin	
<i>intravenous for soln 250</i>	
<i>mg</i>	5
<i>imipenem-cilastatin</i>	
<i>intravenous for soln 500</i>	
<i>mg</i>	5
<i>imipramine hcl</i>	30
<i>imipramine pamoate</i>	30
imiquimod.....	67
IMITREX	
see <i>sumatriptan</i>	35
see <i>sumatriptan</i>	
<i>succinate</i>	35
IMITREX STATDOSE	
REFILL	
see <i>sumatriptan</i>	
<i>succinate</i>	35
IMITREX STATDOSE	
SYSTEM	
see <i>sumatriptan</i>	
<i>succinate</i>	35
IMOVAX RABIES	
(H.D.C.V.).....	57
IMPAVIDO	5
IMPEKLO	67
IMURAN	
see <i>azathioprine</i>	56
IMVEXXY MAINTENANCE	
PACK.....	45
IMVEXXY STARTER PACK	
.....	45
INBRIJA	31
incassia	42
INCRELEX	46
INCRUSE ELLIPTA	62
indapamide	24
INDERAL LA	
see <i>propranolol hcl</i>	23
INFANRIX INJ.....	57
INFUGEM SOL 1200MG	13
INFUGEM SOL 1300MG	13
INFUGEM SOL 1400MG	13
INFUGEM SOL 1500MG	13
INFUGEM SOL 1600MG	13
INFUGEM SOL 1700MG	13
INFUGEM SOL 1800MG	13
INFUGEM SOL 1900MG	13
INFUGEM SOL 2000MG	13
INFUGEM SOL 2200MG	13
INGREZZA.....	36

INGREZZA CAP 40-80MG	36
INLYTA	16
INQOVI TAB 35-100MG	13
INREBIC	16
INSPRA see <i>eplerenone</i>	19
INSULIN PEN NEEDLES: BD/NOVO.....	40
INSULIN SAFETY NEEDLES.....	40
INSULIN SYRINGES: BD	40
INTELENCE	7
see <i>etravirine</i>	7
INTRALIPID	59
INTRAROSA	52
INTRON A	56
introvale	42
INTUNIV see <i>guanfacine hcl</i> (adhd)	34
INVANZ see <i>ertapenem sodium</i> ..	5
INVEGA see <i>paliperidone</i>	33
INVEGA SUSTENNA32, 33	33
INVELTYS	60
IPOL INJ INACTIVE	57
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	62
ipratropium bromide	62
ipratropium bromide (nasal)	62
irbesartan	21
irbesartan- hydrochlorothiazide tab 150-12.5 mg	20
irbesartan- hydrochlorothiazide tab 300-12.5 mg	20
IRESSA	16
irinotecan hcl	14
ISENTRESS	7
ISENTRESS HD	7
isibloom	42
ISOLYTE-P INJ /D5W....	58
ISOLYTE-S INJ	58
ISOLYTE-S INJ PH 7.4	58
<i>isoniazid</i>	8
ISOPTO ATROPINE	61
ISORDIL TITRADOSE see <i>isosorbide dinitrate</i>	26
<i>isosorbide dinitrate</i>	26
<i>isosorbide dinitrate-</i> <i>hydralazine hcl tab 20-</i> <i>37.5 mg</i>	25
<i>isosorbide mononitrate</i>	26
<i>isotretinoin</i>	65
<i>isradipine</i>	24
ISTALOL see <i>timolol maleate</i> (<i>ophth</i>) once-daily	61
ISTURISA	46
<i>itraconazole</i>	6
<i>ivermectin</i>	5
IXEMPRA KIT	14
IXIARO INJ	57
J	
JADENU see <i>deferasirox</i>	41
JADENU SPRINKLE see <i>deferasirox</i>	41
JAKAFI	16
JALYN see <i>dutasteride-</i> <i>tamsulosin hcl cap 0.5-</i> <i>0.4 mg</i>	52
jantoven	53
JANUMET TAB 50-1000.	39
JANUMET TAB 50-500MG	39
JANUMET XR TAB 100- 1000	39
JANUMET XR TAB 50- 1000	39
JANUMET XR TAB 50- 500MG	39
JANUVIA	39
JARDIANCE	39
<i>jasmiel</i>	42
JATENZO	38
JEMPERLI	16
JENTADUETO TAB 2.5- 1000	39
JENTADUETO TAB 2.5- 500	39
JENTADUETO TAB 2.5- 850	39
JENTADUETO TAB XR 2.5-1000MG	39
JENTADUETO TAB XR 5- 1000MG	39
JEVTANA	14
<i>jinteli</i>	45
<i>jolessa</i>	42
JORNAY PM	34
JUBLIA	65
<i>juleber</i>	42
JULUCA TAB 50-25MG	8
<i>junel 1/20</i>	42
<i>junel 1.5/30</i>	42
<i>junel fe 1/20</i>	42
<i>junel fe 1.5/30</i>	42
<i>junel fe 24</i>	42
JUXTAPID	22
JYNARQUE	46
JYNARQUE PAK 30-15MG	47
JYNARQUE PAK 45-15MG	47
JYNARQUE PAK 60-30MG	47
JYNARQUE PAK 90-30MG	47
K	
KADCYLA	16
<i>kaitlib fe</i>	42
KALBITOR	54
KALETRA see <i>lopinavir-ritonavir</i> <i>soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	8
see <i>lopinavir-ritonavir tab</i> <i>100-25 mg</i>	8
see <i>lopinavir-ritonavir tab</i> <i>200-50 mg</i>	8
KALYDECO	63
KANJINTI	16
KANUMA	47
KAPSPARGO SPRINKLE	23
<i>kariva</i>	42

KATERZIA	24	KEYTRUDA	16	<i>lactated ringer's solution</i>	58
KCL/D5W/LACT INJ		KHAPZORY	18	<i>lactic acid (ammonium lactate)</i>	67
20MEQ/L	58	KIMMTRAK	16	<i>lactulose</i>	51
KCL/D5W/NACL INJ		KIMYRSA	5	<i>lactulose (encephalopathy)</i>	51
0.3/0.9%	58	KINRIX INJ	57	LAMICTAL	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl		KISQALI 200 DOSE	16	<i>see lamotrigine</i>	28
0.45% inj	58	KISQALI 200 PAK		<i>see subvenite</i>	29
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	58	FEMARA	14	LAMICTAL CHEWABLE DISPERS	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl		KISQALI 400 DOSE	16	<i>see lamotrigine</i>	28
0.45% inj	58	KISQALI 400 PAK		LAMICTAL ODT	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	58	FEMARA	14	<i>see lamotrigine</i>	28
kcl 20 meq/l (0.15%) in nacl 0.45% inj	58	KITABIS PAK		<i>see lamotrigine tab disint</i> 25 (14) & 50 mg (14) & 100 mg (7) kit	28
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	58	KLARON		LAMICTAL ODT KIT BLUE	27
kcl 20 meq/l (0.15%) in nacl 0.9% inj	58	<i>see sulfacetamide sodium (acne)</i>	65	LAMICTAL ODT KIT GREEN	28
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	58	KLISYRI	67	LAMICTAL STARTER/NOT TAKI	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	58	KLONOPIN		<i>see lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	28
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	58	<i>see clonazepam</i>	27	<i>see subvenite starter kit/ora</i>	29
kelnor 1/35	42	klor-con	59	LAMICTAL STARTER/TAKING C	
kelnor 1/50	42	<i>klor-con 10</i>	59	<i>see lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	28
KENALOG-10	45	<i>klor-con 8</i>	59	<i>see subvenite starter kit/gre</i>	29
KENALOG-80	45	<i>klor-con m10</i>	59	LAMICTAL STARTER/TAKING V	
KEPPRA		<i>klor-con m15</i>	59	<i>see lamotrigine</i>	28
<i>see levetiracetam</i>	28	<i>klor-con m20</i>	59	<i>see subvenite starter kit/blu</i>	29
<i>see roweepra</i>	28	KLOXXADO	38	LAMICTAL XR	
KEPPRA XR		KORLYM	47	<i>see lamotrigine</i>	28
<i>see levetiracetam</i>	28	KOSELUGO	16	<i>see lamivudine</i>	7
KERENDIA	19	KRINTAFEL	7	<i>see lamivudine (hbv)</i>	9
ketoconazole	6	KRYSTEXXA	1	<i>see lamivudine-zidovudine tab 150-300 mg</i>	8
ketoconazole (topical)	65,	K-TAB		<i>see lamotrigine</i>	28
66		<i>see potassium chloride</i>	59	LAMICTAL XR KIT	28
ketorolac tromethamine (ophth)	60	kurvelo	42	lamivudine	7
KEVEYIS	24	KUVAN		lamivudine (hbv)	9
KEVZARA	55	<i>see sapropterin dihydrochloride</i>	48	lamivudine-zidovudine tab 150-300 mg	8
		KYNMOBI	31	lamotrigine	28
		KYPROLIS	16		
		L			
		labetalol hcl	23		
		lacosamide	27		
		LACOSAMIDE			
		<i>see lacosamide oral</i>	27		
		lacosamide oral	27		
		LACRISERT	61		

<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	28
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	28
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	28
LANOXIN	
see <i>digox</i>	25
see <i>digoxin</i>	25
LANOXIN PEDIATRIC	25
<i>lansoprazole</i>	52
LANTUS	40
LANTUS SOLOSTAR	40
<i>lapatinib ditosylate</i>	16
<i>larin 1/20</i>	42
<i>larin 1.5/30</i>	42
<i>larin 24 fe</i>	42
<i>larin fe 1/20</i>	42
<i>larin fe 1.5/30</i>	42
<i>larissa</i>	42
LASIX	
see <i>furosemide</i>	24
<i>latanoprost</i>	61
LATUDA	33
<i>layolis fe</i>	42
LAZANDA	3
<i>leena</i>	42
<i>leflunomide</i>	55
<i>lenalidomide</i>	14
LENVIMA 10 MG DAILY DOSE	16
LENVIMA 12MG DAILY DOSE	16
LENVIMA 20 MG DAILY DOSE	16
LENVIMA 4 MG DAILY DOSE	16
LENVIMA 8 MG DAILY DOSE	16
LENVIMA CAP 14 MG	16
LENVIMA CAP 18 MG	16
LENVIMA CAP 24 MG	16
LESCOL XL	
see <i>fluvastatin sodium</i>	22
<i>lessina</i>	42
LETAIRIS	
see <i>ambrisentan</i>	26
<i>letrozole</i>	13
<i>leucovorin calcium</i>	18
LEUKERAN	12
LEUKINE	54
<i>leuprolide acetate</i>	13
<i>levalbuterol hcl</i>	63
<i>levalbuterol tartrate</i>	63
LEVAQUIN	
see <i>levofloxacin</i>	10
LEVEMIR	40
LEVEMIR FLEXTOUCH	40
<i>levetiracetam</i>	28
LEVETIRACETAM	
see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	28
see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	28
see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	28
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	28
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	28
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	28
<i>levobunolol hcl</i>	61
<i>levocarnitine (metabolic modifiers)</i>	47
<i>levocetirizine dihydrochloride</i>	62
<i>levofloxacin</i>	10
<i>levofloxacin (ophth)</i>	60
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	10
<i>levoleucovorin calcium</i>	18
<i>levonest</i>	42
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	42
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	43
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	43
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	43
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	43
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	43
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	43
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	43
levora 0.15/30-28	43
levo-t	48
<i>levothyroxine sodium</i>	48, 49
<i>levoxyl</i>	49
LEXAPRO	
see <i>escitalopram oxalate</i>	30
LEXIVA	7
see <i>fosamprenavir calcium</i>	7
LIALDA	
see <i>mesalamine</i>	50
LIBTAYO	16
<i>lidocaine</i>	67
<i>lidocaine hcl</i>	67
<i>lidocaine hcl (local anesth.)</i>	4
<i>lidocaine hcl (mouth-throat)</i>	68
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	67
LIDODERM	
see <i>lidocaine</i>	67
<i>lilow</i>	43

linezolid	5
linezolid in sodium chloride iv soln 600 mg/300ml- 0.9%	5
LINZESS	51
liothyronine sodium	49
LIPITOR see atorvastatin calcium	22
lisinopril	19
lisinopril & hydrochlorothiazide tab 10-12.5 mg	19
lisinopril & hydrochlorothiazide tab 20-12.5 mg	19
lisinopril & hydrochlorothiazide tab 20-25 mg	19
lithium carbonate.....	36
LITHOBID see lithium carbonate ..	36
LIVALO	22
LIVMARLI.....	51
LIVTENCITY	9
LODINE see etodolac	1
LODOSYN see carbidopa	31
loestrin 1/20-21	43
loestrin 1.5/30-21	43
loestrin fe 1/20	43
loestrin fe 1.5/30	43
LOKELMA	41
LO LOESTRIN TAB 1-10- 10	43
LOMOTIL see diphenoxylate w/ atropine tab 2.5-0.025 mg	51
LONSURF TAB 15-6.14..	13
LONSURF TAB 20-8.19..	13
loperamide hcl.....	51
LOPID see gemfibrozil	22
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)	8
lopinavir-ritonavir tab 100- 25 mg	8
lopinavir-ritonavir tab 200- 50 mg	8
LOPRESSOR see metoprolol tartrate 23	
LOPROX see ciclopirox olamine .65	
lorazepam	26, 27
lorazepam intensol.....	27
LORBRENA	16
loryna	43
losartan potassium.....	21
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	20
losartan potassium & hydrochlorothiazide tab 100-25 mg	20
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	20
LOSEASONIQUE see camrese lo	42
see levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....	43
LOTEMAX	60
see loteprednol etabonate	60
LOTEMAX SM	60
LOTENSIN see benazepril hcl	19
LOTENSIN HCT see benazepril & hydrochlorothiazide tab 10-12.5 mg.....	18
see benazepril & hydrochlorothiazide tab 20-12.5 mg.....	18
see benazepril & hydrochlorothiazide tab 20-25 mg.....	18
loteprednol etabonate	60
LOTREL see amlodipine besylate- benazepril hcl cap 10- 20 mg	18
see amlodipine besylate- benazepril hcl cap 10- 40 mg	18
see amlodipine besylate- benazepril hcl cap 5-10 mg	18
see amlodipine besylate- benazepril hcl cap 5-20 mg	18
LOTRONEX see alosetron hcl	51
lovastatin	22
LOVAZA see omega-3-acid ethyl esters cap 1 gm	22
LOVENOX see enoxaparin sodium	53
low-ogestrel.....	43
loxapine succinate	33
lubiprostone	51
LUCEMYRA	38
LUCENTIS	61
LUMAKRAS	16
LUMIGAN.....	61
LUMIZYME	47
LUMOXITI	16
LUNESTA see eszopiclone	35
LUPKYNIS	57
LUPRON DEPOT (1- MONTH)	13
LUPRON DEPOT (3- MONTH)	13
LUPRON DEPOT (4- MONTH)	13
LUPRON DEPOT (6- MONTH)	13
LUPRON DEPOT-PED (1- MONTH)	47
LUPRON DEPOT-PED (3- MONTH)	47
lutera	43
LUXIQ see betamethasone valerate	66
lyleq.....	43
lyllana	45

LYNPARZA.....	16	MAVENCLAD (5 TABS).....	36	medroxyprogesterone acetate (contraceptive).....	43
LYRICA		MAVENCLAD (6 TABS).....	36	mefloquine hcl.....	7
see <i>pregabalin</i>	28	MAVENCLAD (7 TABS).....	36	megestrol acetate	13, 48
LYRICA CR		MAVENCLAD (8 TABS).....	36	megestrol acetate (appetite)	48
see <i>pregabalin (once- daily)</i>	36	MAVENCLAD (9 TABS).....	36	MEKINIST	16
LYSODREN	13	MAVIK		MEKTOVI	16
LYSTEDA		see <i>trandolapril</i>	19	meloxicam.....	1
see <i>tranexamic acid</i>	55	MAVYRET PAK 50-20MG 9		memantine hcl.....	29
lyza.....	43	MAVYRET TAB 100-40MG	9	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	29
M		MAXALT		MENACTRA INJ	57
MACROBID		see <i>rizatriptan benzoate</i>	35	MENEST	45
see <i>nitrofurantoin</i>		MAXALT-MLT		MENOSTAR.....	45
<i>monohyd macro</i>	5	see <i>rizatriptan benzoate</i>	35	MENQUADFI INJ	57
MACRODANTIN		MAXIDEX.....	60	MENTAX	65
see <i>nitrofurantoin</i>		MAXITROL		MENVEO INJ	57
<i>macrocystal</i>	5	see <i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>	59	MEPRON	
mafenvide acetate	65	see <i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>	59	see <i>atovaquone</i>	4
magnesium sulfate.....	58	MAXZIDE		mercaptopurine	13
MAGNESIUM SULFATE.....	58	see <i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	25	MEROP/NACL INJ	
see <i>magnesium sulfate</i>		MAXZIDE-25		1GM/50ML.....	5
.....	58	see <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	25	MEROP/NACL INJ	
MAGNESIUM SULFATE IN		MAYZENT	36	500/50ML	5
D5W		MAYZENT STARTER		meropenem.....	5
see <i>magnesium sulfate in</i>		PACK (12)	36	merzee	43
<i>dextrose 5% iv soln 1 gm/100ml</i>	58	MAYZENT STARTER		mesalamine.....	50
magnesium sulfate in		PACK (7)	36	mesalamine w/ cleanser	51
<i>dextrose 5% iv soln 1 gm/100ml</i>	58	meclizine hcl	49	MESNEX	18
MALARONE		meclofenamate sodium.....	1	MESTINON	
see <i>atovaquone- proguanil hcl tab 250- 100 mg</i>	7	MEDROL	45	see <i>pyridostigmine bromide</i>	36
see <i>atovaquone- proguanil hcl tab 62.5- 25 mg</i>	7	MEDROL DOSEPAK		MESTINON TIMESPAN	
malathion	68	see <i>methylprednisolone</i>		see <i>pyridostigmine bromide</i>	36
maraviroc	7	.....	45	metadate er.....	34
MARGENZA.....	16	medroxyprogesterone acetate.....	48	metaxalone	37
MARINOL				metformin hcl	39
see <i>dronabinol</i>	49			methadone hcl	2
marlissa.....	43			METHADONE HCL	
MARPLAN.....	30			see <i>methadone hcl</i>	2
MATULANE	14			methadone hydrochloride i2	
matzim la.....	24			METHADOSE	
MAVENCLAD (10 TABS).....	36			see <i>methadone hydrochloride i</i>	2
MAVENCLAD (4 TABS).....	36			methazolamide.....	24

<i>methenamine hippurate</i> ....5	MG SO4/D5W INJ	see <i>pramipexole dihydrochloride</i> .....32
<i>methimazole</i>.....49	10MG/ML.....58	MIRCETTE
<i>methocarbamol</i> .....37	<i>micafungin sodium</i> .....6	see <i>azurette</i>.....41
<i>methotrexate sodium</i> 13, 56	MICARDIS	see <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> ..42
<i>methoxsalen rapid</i>.....66	see <i>telmisartan</i> .....21	see <i>kariva</i> .....42
<i>methscopolamine bromide</i>	MICARDIS HCT	see <i>pimtrea</i>.....44
.....50	see <i>telmisartan-</i>	see <i>simliya</i>.....44
METHYLIN	hydrochlorothiazide tab	see <i>viorele</i>.....44
<i>see methylphenidate hcl</i>	40-12.5 mg.....21	<i>mirtazapine</i> .....30
.....34	see <i>telmisartan-</i>	MIRVASO .....67
<i>methylphenidate</i>.....34	hydrochlorothiazide tab	<i>misoprostol</i>.....51
<i>methylphenidate hcl</i>.....34	80-12.5 mg.....21	MITIGARE .....1
METHYLPHENIDATE	see <i>telmisartan-</i>	<i>mitomycin</i> .....12
HYDROCHLO .....34	hydrochlorothiazide tab	<i>mitoxantrone hcl</i>.....14
<i>methylprednisolone</i>.....45	80-25 mg.....21	M-M-R II INJ.....57
<i>methylprednisolone acetate</i>	see <i>telmisartan-</i>	M-NATAL PLUS TAB .....59
.....45	hydrochlorothiazide tab	MOBIC
<i>methylprednisolone sod</i>	0.25-15-81.35%.....65	<i>see me洛xicam</i> .....1
<i>succ</i> .....45	<i>microgestin 1/20</i>.....43	<i>modafinil</i>.....37
<i>metoclopramide hcl</i>.....49	<i>microgestin 1.5/30</i>.....43	<i>moexipril hcl</i> .....19
METOCLOPRAMIDE ODT	<i>microgestin 24 fe</i>.....43	<i>molindone hcl</i>.....33
.....49	<i>microgestin fe 1/20</i>.....43	<i>mometasone furoate</i> .....67
<i>metolazone</i> .....24	<i>microgestin fe 1.5/30</i>.....43	<i>mometasone furoate</i> (nasal) .....64
<i>metoprolol &</i>	<i>midodrine hcl</i>.....25	MONJUVI .....16
<i>hydrochlorothiazide tab</i>	<i>miglitol</i>.....39	<i>mono-linyah</i> .....43
<i>100-25 mg</i> .....23	<i>miglustat</i>.....47	<i>montelukast sodium</i> .....63
<i>metoprolol &</i>	<i>MIGRAL</i>	<i>morphine sulfate</i> .....2, 3
<i>hydrochlorothiazide tab</i>	<i>see dihydroergotamine mesylate</i> .....35	MORPHINE SULFATE .....3
<i>100-50 mg</i> .....23	<i>mihi</i>.....43	<i>morphine sulfate beads</i>....2
<i>metoprolol succinate</i> .....23	<i>mimvey</i>.....45	MOVANTIK .....51
<i>metoprolol tartrate</i> .....23	<i>MINASTRIN 24 FE</i>	MOVIPREP
METROCREAM	<i>see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	<i>see peg-3350/electrolytes/asc</i>
<i>see metronidazole (topical)</i> .....67	.....43	.....51
<i>see rosadan</i>.....67	<i>MINIPRESS</i>	<i>moxifloxacin hcl</i>.....10
METROLOTION	<i>see prazosin hcl</i> .....19	<i>moxifloxacin hcl (ophth)</i> ..60
<i>see metronidazole (topical)</i> .....67	<i>MINIVELLE</i>	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....10
<i>metronidazole</i> .....5	<i>see lylana</i> .....45	MOXIFLOXACIN
METRONIDAZOLE	<i>MINOCIN</i>	HYDROCHLORID .....11
<i>see metronidazole</i> .....5	<i>see minocycline hcl</i> ....12	MOZOBIL .....54
<i>metronidazole (topical)</i>....67	<i>minocycline hcl</i>.....12	MS CONTIN
<i>metronidazole vaginal</i>....53	<i>MINOLIRA</i>.....12	<i>see morphine sulfate</i> ...2
<i>metyrosine</i> .....25	<i>minoxidil</i>.....25	
	<i>MIRAPEX ER</i>	

MULPLETA	54	see <i>memantine hcl tab</i>
MULTAQ	21	<i>28 x 5 mg & 21 x 10 mg titration pack</i> .....29
<i>mupirocin</i>	65	NAMENDA XR
MVASI.....	16	<i>see memantine hcl</i> .....29
MYALEPT	47	NAMZARIC CAP 14-10MG
MYAMBUTOL		.....29
<i>see ethambutol hcl</i> .....8		NAMZARIC CAP 21-10MG
MYCAMINE		.....29
<i>see micafungin sodium</i> ..6		NAMZARIC CAP 28-10MG
MYCAPSSA	47	.....29
MYCOBUTIN		NAMZARIC CAP 7-10MG
<i>see rifabutin</i> .....8		.....29
<i>mycophenolate mofetil</i>....57		NAMZARIC CAP PACK ..29
<i>mycophenolate sodium</i> ...57		NAPROSYN
MYDAYIS CAP 12.5MG..34		<i>see naproxen</i>.....1
MYDAYIS CAP 25MG....34		<i>naproxen</i>
MYDAYIS CAP 37.5MG..34		.....1
MYDAYIS CAP 50MG....34		<i>naproxen sodium</i>
MYFEMBREE TAB	47	.....1
MYFORTIC		<i>naratriptan hcl</i>
<i>see mycophenolate</i>		.....35
<i>sodium</i>	57	NARCAN
MYLOTARG	16	<i>see naloxone hcl</i>
MYOBLOC	37	.....38
<i>myorisan</i>	65	NARDIL
MYRBETRIQ.....	53	<i>see phenelzine sulfate</i> .30
mysoline		NATACYN
<i>see primidone</i>.....28		60
N		NATAZIA TAB
<i>nabumetone</i>	1	43
<i>nadolol</i>	23	<i>nateglinide</i>.....39
NAFCILLIN INJ 1GM/50ML		NATESTO
.....11		38
NAFCILLIN INJ 2GM/100		NATPARA
.....11		41
<i>nafcillin sodium</i>	11	NAYZILAM
<i>naftifine hcl</i>	65	28
NAFTIN	66	<i>nebivolol hcl</i>
NAGLAZYME.....	47	23
<i>nalbuphine hcl</i>	3	NEBUPENT
<i>naloxone hcl</i>	38	<i>see pentamidine</i>
<i>naltrexone hcl</i>	38	<i>isethionate inh.</i>.....5
NAMENDA		necon 0.5/35-28
<i>see memantine hcl</i>	29	43
NAMENDA TITRATION		<i>nefazodone hcl</i>.....30
PAK		<i>neomycin-bacitrac zn-</i>
		<i>polymyx 5(3.5)mg-</i>
		<i>400unt-1000unt op oin</i>
		.....60
		<i>neomycin-polymy-gramicid</i>
		<i>op sol 1.75-10000-</i>
		<i>0.025mg-unt-mg/ml</i>
		60
		<i>neomycin-polymyxin b gu</i>
		<i>irrigation soln</i>
		52
		<i>neomycin-polymyxin-</i>
		<i>dexamethasone ophth</i>
		<i>oint 0.1%</i>
		59
		<i>neomycin-polymyxin-</i>
		<i>dexamethasone ophth</i>
		<i>susp 0.1%</i>.....59
		<i>neomycin-polymyxin-hc</i>
		<i>ophth susp</i>.....59
		<i>neomycin-polymyxin-hc otic</i>
		<i>soln 1%</i>.....62
		<i>neomycin-polymyxin-hc otic</i>
		<i>susp 3.5 mg/ml-10000</i>
		<i>unit/ml-1%</i>
		62
		<i>neomycin sulfate</i>
		5
		NEORAL
		<i>see cyclosporine</i>
		<i>modified (for</i>
		<i>microemulsion)</i>
		57
		<i>see gengraf</i>
		57
		NERLYNX
		16
		<i>neuac gel 1.2-5%</i>
		65
		NEUPRO
		31
		NEURONTIN
		<i>see gabapentin</i>
		27
		NEVANAC
		60
		<i>nevirapine</i>
		7
		NEXAVAR
		16
		<i>see sorafenib tosylate</i> .17
		NEXIUM
		52
		<i>see esomeprazole</i>
		<i>magnesium</i>
		52
		NEXIUM I.V.
		<i>see esomeprazole</i>
		<i>sodium</i>
		52
		NEXLETOL
		22
		NEXLIZET TAB 180/10MG
		.....22
		NEXTSTELLIS TAB 3-
		14.2MG.....43
		NEXVIAZYME
		47
		<i>niacin (antihyperlipidemic)</i>
		.....22
		NIASPAN
		<i>see niacin</i>
		<i>(antihyperlipidemic)</i> ..22
		nicardipine hcl
		24
		NICARDIPINE SOL
		20/200ML
		24
		NICARDIPINE SOL
		40/200ML
		24
		NICOTROL INHALER....38

NICOTROL NS	38	NOVOLOG FLEXPEN	40
<i>nifedipine</i>	24	NOVOLOG MIX INJ 70/30	
<i>nikki</i>	43	.....	40
NILANDRON		NOVOLOG MIX INJ	
<i>see nilutamide</i>	13	FLEXPEN	40
<i>nilutamide</i>	13	NOVOLOG PENFILL	40
<i>nimodipine</i>	24	NOXAFIL.....	6
NINLARO	16	<i>see posaconazole</i>	6
NIPENT	14	NPLATE	54
<i>nisoldipine</i>	24	NUBEQA	13
<i>nitazoxanide</i>	5	NUCYNTA	3
<i>nitisinone</i>	47	NUEDEXTA CAP 20-10MG	
NITRO-BID.....	26	.....	36
NITRO-DUR	26	NULOJIX	57
<i>nitrofurantoin macrocrystal</i> 5		NUPLAZID	33
<i>nitrofurantoin monohyd</i>		NURTEC	35
<i>macro</i>	5	NUTRILIPID	59
<i>nitroglycerin</i>	26	NUTROPIN AQ NUSPIN 10	
NITROLINGUAL		.....	47
PUMPSPRAY		NUTROPIN AQ NUSPIN 20	
<i>see nitroglycerin</i>	26	.....	47
NITROSTAT		NUTROPIN AQ NUSPIN 5	
<i>see nitroglycerin</i>	26	.....	47
NITYR	47	NUVARING	
<i>nizatidine</i>	50	<i>see eluryng</i>	42
<i>nora-be</i>	43	<i>see etonogestrel-ethinyl</i>	
NORDITROPIN FLEXPRO		<i>estradiol va ring 0.120-</i>	
.....	47	<i>0.015 mg/24hr</i>	42
<i>norethindrone</i>		NUVIGIL	
<i>(contraceptive)</i>	43	<i>see armodafinil</i>	37
<i>norethindrone & ethinyl</i>		NUZYRA	12
<i>estradiol-fe chew tab 0.4</i>		<i>nyamyc</i>	66
<i>mg-35 mcg</i>	43	<i>nylia 1/35</i>	43
<i>norethindrone & ethinyl</i>		<i>nylia 7/7/7</i>	43
<i>estradiol-fe chew tab 0.8</i>		NYMALIZE	24
<i>mg-25 mcg</i>	43	<i>nymyo</i>	43
<i>norethindrone ace & ethinyl</i>		<i>nystatin</i>	6
<i>estradiol-fe tab 1 mg-20</i>		<i>nystatin (mouth-throat)</i>	68
<i>mcg</i>	43	<i>nystatin (topical)</i>	66
<i>norethindrone ace & ethinyl</i>		<i>nystop</i>	66
<i>estradiol tab 1.5 mg-30</i>		O	
<i>mcg</i>	43	OCALIVA	51
<i>norethindrone ace & ethinyl</i>		<i>ocella</i>	44
<i>estradiol tab 1 mg-20</i>		OCREVUS	36
<i>mcg</i>	43	OCTAGAM	56
<i>norethindrone ace-eth</i>		<i>octreotide acetate</i>	47
<i>estradiol-fe chew tab 1</i>		OCUFLOX	
<i>mg-20 mcg (24)</i>	43	<i>see ofloxacin (ophth)</i> ..	60

ODACTRA SUB	56	OMNIPOD 5 G6 KIT INTRO	40	see <i>tri-lo-sprintec</i>	44
ODEFSEY TAB	8	OMNIPOD 5 G6 MIS PODS	40	see <i>tri-vylibra lo</i>	44
ODOMZO	16	OMNIPOD DASH KIT INTRO	40	ORTIKOS	51
OFEV	63	OMNIPOD DASH MIS PODS	40	<i>oseltamivir phosphate</i>	9
<i>ofloxacin (ophth)</i>	60	OMNIPOD MIS CLASSIC	40	OSMOLEX ER	32
<i>ofloxacin (otic)</i>	62	OMNIPOD PDM KIT CLASSIC	40	OTEZLA	55
OGIVRI	16	OMNITROPE	47	OTEZLA TAB 10/20/30	55
OGIVRI INJ 420MG	16	ONCASPAR	14	OTOVEL DRO	62
olanzapine	33	<i>ondansetron</i>	49	OXACILLIN INJ 1GM	11
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg	20	<i>ondansetron hcl</i>	49, 50	OXACILLIN INJ 2GM	11
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg	20	ONEXTON GEL 1.2-3.7565		<i>oxacillin sodium</i>	11
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg	20	ONFI see <i>clobazam</i>	27	<i>oxaliplatin</i>	12
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg	20	ONGENTYS	32	<i>oxandrolone</i>	38
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg	20	ONIVYDE	14	<i>oxaprozin</i>	1
olmesartan medoxomil....	21	ONTRUZANT	16	OXAYDO	3
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	20	ONUREG	13	OXBRYTA	54
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	20	OPDIVO	16	<i>oxcarbazepine</i>	28
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg	20	OPDUALAG SOL	17	OXERVATE	61
olopatadine hcl	61	OPSUMIT	26	OXISTAT	66
olopatadine hcl (nasal)....	62	OPZELURA	67	OXLUMO	52
OLUX see <i>clobetasol</i> propionate	66	ORALAIR SUB 300 IR	56	OXTELLAR XR	28
OLUX-E see <i>clobetasol</i> propionate emulsion	66	ORBACTIV	5	<i>oxybutynin chloride</i>	53
<i>omega-3-acid ethyl esters</i> cap 1 gm.....	22	ORENITRAM	26	<i>oxycodone hcl</i>	3
omeprazole	52	ORFADIN	47	<i>oxycodone w/</i> <i>acetaminophen tab 10-</i> <i>325 mg</i>	4
OMNARIS	64	ORGOVYX	13	<i>oxycodone w/</i> <i>acetaminophen tab 2.5-</i> <i>325 mg</i>	4
		ORIAHNN CAP	47	<i>oxycodone w/</i> <i>acetaminophen tab 5-325</i> <i>mg</i>	4
		ORILISSA	44	<i>oxycodone w/</i> <i>acetaminophen tab 7.5-</i> <i>325 mg</i>	4
		ORKAMBI GRA 100-125	63	OXYCONTIN	2
		ORKAMBI GRA 150-188	63	<i>oxymorphone hcl</i>	4
		ORKAMBI TAB 100-125	.63	OXYTROL	53
		ORKAMBI TAB 200-125	.63	OZEMPIC (0.25 OR 0.5MG/DOSE)	39
		ORLADEYO	54	OZEMPIC (1MG/DOSE)	39
		ORTHO TRI-CYCLEN LO see <i>norgestimate-eth</i> estradiol tab 0.18- 25/0.215-25/0.25-25		OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	39
		<i>mg-mcg</i>	43		
		see <i>tri-lo-estarrylla</i>	44		
		see <i>tri-lo-marzia</i>	44		
		see <i>tri-lo-mili</i>	44		

<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	14	PEDIAPRED see <i>prednisolone sodium phosphate</i> 46	see <i>endocet tab 7.5-325mg</i> 2
PADCEV	17	PEDIARIX INJ 0.5ML	see <i>oxycodone w/ acetaminophen tab 10-325 mg</i> 4
<i>paliperidone</i>	33	PEDVAX HIB	see <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> 4
<i>palonosetron hcl</i>	50	peg-3350/electrolytes/asc	see <i>oxycodone w/ acetaminophen tab 5-325 mg</i> 4
PALONOSETRON HYDROCHLORID	50	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	see <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> 4
PALYNZIQ	47	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	PERFOROMIST
PAMELOR see <i>nortriptyline hcl</i>	30	PEGASYS	see <i>formoterol fumarate</i>
<i>pamidronate disodium</i>	41	PEMAZYRE .....	..... 63
PAMIDRONATE DISODIUM	41	PEMETREXED	PERIDEX
PANCREAZE CAP 10500UNT	52	<i>pemetrexed disodium</i>	see <i>chlorhexidine gluconate (mouth-throat)</i>
PANCREAZE CAP 16800UNT	52	PEN GK/DEXTR INJ 20000/ML .....	..... 68
PANCREAZE CAP 21000UNT	52	PEN GK/DEXTR INJ 40000/ML	see <i>periogard</i>
PANCREAZE CAP 2600UNIT	52	PEN GK/DEXTR INJ 60000/ML	perindopril erbumine
PANCREAZE CAP 37000	52	<i>penicillamine</i>	19
PANCREAZE CAP 4200UNIT	52	<i>penicillin g potassium</i>	periogard
PANDEL	67	PENICILLIN G PROCAINE	68
PANRETIN	67	<i>penicillin g sodium</i>	PERJETA
<i>pantoprazole sodium</i>	52	<i>penicillin v potassium</i>	permethrin
PANZYGA	56	PENTACEL INJ	perphenazine
<i>paraplatin</i>	12	PENTAM 300	perphenazine-amitriptyline tab 2-10 mg
<i>paricalcitol</i>	49	see <i>pentamidine isethionate inj</i>	30
PARLODEL see <i>bromocriptine mesylate</i>	31	<i>pentamidine isethionate inh</i>	perphenazine-amitriptyline tab 2-25 mg
PARNATE see <i>tranylcypromine sulfate</i>	31	<i>pentamidine isethionate inj</i>	30
<i>paromomycin sulfate</i>	5	PENTASA	perphenazine-amitriptyline tab 4-10 mg
<i>paroxetine hcl</i>	30	see <i>mesalamine</i>	30
PASER	8	pentoxifylline	perphenazine-amitriptyline tab 4-25 mg
PATANASE see <i>olopatadine hcl (nasal)</i>	62	PEPCID see <i>famotidine</i>	30
PAXIL see <i>paroxetine hcl</i>	30	PERCOCET see <i>endocet tab 10-325mg</i>	PERTZYE CAP 8000UNIT
PAXIL CR see <i>paroxetine hcl</i>	30	see <i>endocet tab 2.5-325mg</i>	52

see <i>promethazine hcl</i>	50
<i>phenobarbital</i>	28
<i>phenobarbital sodium</i>	28
<i>phenoxybenzamine hcl</i>	26
PHENYTEK	28
see <i>phenytoin sodium</i>	
<i>extended</i>	28
<i>phenytoin</i>	28
<i>phenytoin sodium</i>	28
<i>phenytoin sodium extended</i>	
.....	28
PHESGO SOL	17
PHEXXI GEL	44
<i>philith</i>	44
PHOSLYRA	48
PIFELTRO	7
<i>pilocarpine hcl</i>	61
<i>pilocarpine hcl (oral)</i>	68
<i>pimecrolimus</i>	67
<i>pimozide</i>	33
<i>pimtrea</i>	44
<i>pindolol</i>	23
<i>pioglitazone hcl</i>	39
<i>pioglitazone hcl-glimepiride</i>	
<i>tab 30-2 mg</i>	39
<i>pioglitazone hcl-glimepiride</i>	
<i>tab 30-4 mg</i>	39
<i>pioglitazone hcl-metformin</i>	
<i>hcl tab 15-500 mg</i>	39
<i>pioglitazone hcl-metformin</i>	
<i>hcl tab 15-850 mg</i>	39
<i>piperacillin sod-tazobactam</i>	
<i>na for inj 3.375 gm (3-</i>	
<i>0.375 gm)</i>	11
<i>piperacillin sod-tazobactam</i>	
<i>sod for inj 13.5 gm (12-</i>	
<i>1.5 gm)</i>	11
<i>piperacillin sod-tazobactam</i>	
<i>sod for inj 2.25 gm (2-</i>	
<i>0.25 gm)</i>	11
<i>piperacillin sod-tazobactam</i>	
<i>sod for inj 4.5 gm (4-0.5</i>	
<i>gm)</i>	11
<i>piperacillin sod-tazobactam</i>	
<i>sod for inj 40.5 gm (36-</i>	
<i>4.5 gm)</i>	12
PIQRAY 200MG DAILY	
DOSE	17
PIQRAY 250MG TAB	
DOSE	17
PIQRAY 300MG DAILY	
DOSE	17
<i>pirfenidone</i>	63
<i>pirmella 1/35</i>	44
<i>piroxicam</i>	1
PLAQUENIL	
see <i>hydroxychloroquine</i>	
<i>sulfate</i>	55
PLASMA-LYTE INJ -148.58	
PLASMA-LYTE INJ -A ...	58
PLAVIX	
see <i>clopidogrel bisulfate</i>	
.....	55
PLEGRIDY	36
PLEGRIDY INJ STARTER	
.....	37
PLEGRIDY PEN INJ	
STARTER.....	37
<i>plenamine</i>	59
PLENU SOL	51
<i>podofilox</i>	67
POLIVY	17
<i>polymyxin b sulfate</i>	5
<i>polymyxin b-trimethoprim</i>	
<i>ophth soln 10000 unit/ml-</i>	
<i>0.1%</i>	60
POLYTRIM	
see <i>polymyxin b-</i>	
<i>trimethoprim ophth</i>	
<i>soln 10000 unit/ml-</i>	
<i>0.1%</i>	60
POMALYST	14
PONVORY	37
PONVORY TAB STARTER	
.....	37
<i>portia-28</i>	44
PORTRAZZA	17
<i>posaconazole</i>	6
<i>potassium chloride</i>	58, 59
POTASSIUM CHLORIDE	
.....	59
see <i>potassium chloride</i>	59
<i>potassium chloride 20</i>	
<i>meq/l (0.15%) in</i>	
<i>dextrose 5% inj</i>	59
potassium chloride	
<i>microencapsulated</i>	
<i>crystals er</i>	59
potassium citrate	
<i>(alkalinizer)</i>	52
POTELIGEO	17
PRADAXA	54
PRALUENT	22
<i>pramipexole</i>	
<i>dihydrochloride</i>	32
<i>prasugrel hcl</i>	55
<i>pravastatin sodium</i>	22
<i>praziquantel</i>	5
<i>prazosin hcl</i>	19
PRECOSE	
see <i>acarbose</i>	38
PRED FORTE	
see <i>prednisolone acetate</i>	
<i>(ophth)</i>	60
PRED-G S.O.P OIN OP ..	59
PRED MILD	60
<i>prednicarbate</i>	67
<i>prednisolone</i>	45
<i>prednisolone acetate</i>	
<i>(ophth)</i>	60
PREDNISOLONE SODIUM	
<i>PHOSP</i>	60
<i>prednisolone sodium</i>	
<i>phosphate</i>	46
<i>prednisone</i>	46
PREDNISONE INTENSOL	
.....	46
<i>pregabalin</i>	28
<i>pregabalin (once-daily)</i> ..	36
PREGNYL W/DILUENT	
<i>BENZYL</i>	47
PREHEVBRI	57
PREMARIN	45
PREMASOL SOL 10%	59
PREMPHASE TAB	45
PREMPRO TAB	45
PREMPRO TAB 0.3-1.5.	45
PREMPRO TAB 0.45-1.545	
PREMPRO TAB 0.625-5.45	
PRENATAL TAB 27-1MG	
.....	59
PRENATAL TAB PLUS ...	59

PRENATAL VIT TAB LOW IRON	59
PRETOMANID	8
PREVACID see <i>lansoprazole</i>	52
prevalite	23
PREVYMIS	9
PREZCOBIX TAB 800-150	8
PREZISTA	7
PRIFTIN	8
PRILOSEC	52
<i>primaquine phosphate</i>	7
PRIMAQUINE PHOSPHATE	7
see <i>primaquine phosphate</i>	7
PRIMAXIN IV see <i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	5
primidone	28
PRIORIX INJ	57
PRISTIQ see <i>desvenlafaxine succinate</i>	30
PRIVIGEN	56
PROAIR HFA see <i>albuterol sulfate</i>	62
probencid	1
PROCALAMINE INJ 3% .59	
PROCARDIA XL see <i>nifedipine</i>	24
prochlorperazine	50
prochlorperazine edisylate	50
<i>prochlorperazine maleate</i>	50
PROCRIT	54
PROCTOCORT see <i>proto-pak</i>	67
PROCTOFOAM AER HC 1%	67
<i>proto-med hc</i>	67
<i>proto-pak</i>	67
<i>proctosol hc</i>	67
<i>protozone-hc</i>	67
PROCYSB1	47
progesterone	48
PROGLYCEM see <i>diazoxide</i>	46
PROGRAF	57
see <i>tacrolimus</i>	57
PROLASTIN-C	63
PROLENSA	60
PROLIA	41
PROMACTA	54
<i>promethazine hcl</i>	50
<i>promethegan</i>	50
PROMETRIUM see <i>progesterone</i>	48
<i>propafenone hcl</i>	21
<i>proparacaine hcl</i>	61
<i>propranolol hcl</i>	23
<i>propylthiouracil</i>	49
PROQUAD INJ	57
PROSCAR see <i>finasteride</i>	52
PROSOL INJ 20%	59
PROTONIX see <i>pantoprazole sodium</i>	52
PROTOPIC see <i>tacrolimus (topical)</i>	67
<i>protriptyline hcl</i>	31
PROVENTIL HFA see <i>albuterol sulfate</i> ...	63
PROVERA see <i>medroxyprogesterone acetate</i>	48
PROVIGIL see <i>modafinil</i>	37
PROZAC see <i>fluoxetine hcl</i>	30
PULMICORT see <i>budesonide (inhalation)</i>	64
PULMICORT FLEXHALER	64
PULMOZYME	63
PURIXAN	13
<i>pyrazinamide</i>	8
<i>pyridostigmine bromide</i>	36
<i>pyrimethamine</i>	5
PYRUKYND	54
PYRUKYND TAB 20MGX5MG	54
PYRUKYND TAB 50MGX20M	54
PYRUKYND TAPER PACK	54
Q	
QBRELIS	19
QELBREE	34
QINLOCK	17
QNDSL	64
QNDSL CHILDRENS	64
QUADRACEL INJ	57
QUADRACEL INJ 0.5ML	57
QUALAQUIN see <i>quinine sulfate</i>	7
QUARTETTE see <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	42
see <i>rivelsa</i>	44
QUESTRAN see <i>cholestyramine</i>	22
QUESTRAN LIGHT see <i>cholestyramine light</i>	22
see <i>prevalte</i>	23
quetiapine fumarate	33
QUILLICHEW ER	34
QUILLIVANT XR	34
<i>quinapril hcl</i>	19
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	19
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	19
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	19
<i>quinidine sulfate</i>	21
<i>quinine sulfate</i>	7
QUTENZA KIT 8% 1-PCH	67
QUTENZA KIT 8% 2-PCH	67

QUTENZA KIT 8% 4-PCH	67
QUVIVIQ	35
QUZYTIR	62
R	
RABAVERT INJ	57
<i>rabeprazole sodium</i>	52
RADICAVA	36
RAGWITEK	56
<i>raloxifene hcl</i>	47
<i>ramelteon</i>	35
<i>ramipril</i>	19
RANEXA <i>see ranolazine</i>	26
<i>ranolazine</i>	26
RAPAFLO <i>see silodosin</i>	52
RAPAMUNE <i>see sirolimus</i>	57
RAPIVAB	9
<i>rasagiline mesylate</i>	32
RAVICTI	47
RAYALDEE	49
RAZADYNE ER <i>see galantamine hydrobromide</i>	29
REBLOZYL	54
RECARBRIOD INJ 1.25GM 5	
RECLAST <i>see zoledronic acid</i>	41
reclipsen	44
RECOMBIVAX HB	57
RECORLEV	47
RECTIV	67
REGLAN <i>see metoclopramide hcl</i>	49
REGRANEX	68
RELENZA DISKHALER	9
RELEXXII	34
RELISTOR	51
RELPAX <i>see eletriptan hydrobromide</i>	35
REMERON <i>see mirtazapine</i>	30
REMERON SOLTAB <i>see mirtazapine</i>	30
REMODULIN	26
RENAGEL <i>see sevelamer hcl</i>	48
RENFLEXIS	55
RENVELA <i>see sevelamer carbonate</i>	48
<i>repaglinide</i>	39
RESTASIS	61
RESTASIS MULTIDOSE 61	
RESTORIL <i>see temazepam</i>	35
RETEVMO	17
RETIN-A <i>see avita</i>	64
<i>see tretinoin</i>	65
RETIN-A MICRO	65
RETIN-A MICRO PUMP	65
RETROVIR <i>see zidovudine</i>	7
REVATIO <i>see sildenafil citrate (pulmonary hypertension)</i>	26
REVCORI	47
REVLIMID	14
REXULTI	33
REYATAZ	7
<i>see atazanavir sulfate</i>	7
REZUROCK	57
RHOFADE	67
RHOPRESSA	61
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	8
RIFADIN <i>see rifampin</i>	8
<i>rifampin</i>	8
RILUTEK <i>see riluzole</i>	36
<i>riluzole</i>	36
<i>rimantadine hydrochloride</i>	9
RINVOQ	55
RIOMET <i>see metformin hcl</i>	39
<i>risedronate sodium</i>	41
RISPERDAL <i>see risperidone</i>	33
<i>risperidone</i>	33
RITALIN <i>see methylphenidate hcl</i>	34
RITALIN LA <i>see methylphenidate hcl</i>	34
<i>ritonavir</i>	7
<i>rivastigmine</i>	29
<i>rivastigmine tartrate</i>	29
<i>rivelsa</i>	44
<i>rizatriptan benzoate</i>	35
ROBINUL <i>see glycopyrrolate</i>	50
ROBINUL FORTE <i>see glycopyrrolate</i>	50
ROCALTROL <i>see calcitriol</i>	49
ROCKLATAN DRO	61
<i>ropinirole hydrochloride</i>	32
<i>rosadan</i>	67
<i>rosuvastatin calcium</i>	22
ROSZET TAB 10-10MG	23
ROSZET TAB 20-10MG	23
ROSZET TAB 40-10MG	23
ROSZET TAB 5-10MG	23
ROTARIX SUS	58
ROTATEQ SOL	58
ROWASA <i>see mesalamine w/ cleanser</i>	51
roweepra	28
ROXICODONE <i>see oxycodone hcl</i>	3
ROZEREM <i>see ramelteon</i>	35
ROZLYTREK	17
RUBRACA	17
RUCONEST	54
<i>rufinamide</i>	28, 29
RUKOBIA	7
RYBELSUS	39
RYBREVANT	17
RYDAPT	17
RYLAZE	14
RYTARY CAP 145MG	32
RYTARY CAP 195MG	32
RYTARY CAP 245MG	32
RYTARY CAP 95MG	32

RYTHMOL SR	see <i>propafenone hcl</i>....21
S	
SABRIL	see <i>vigabatrin</i>.....29
	see <i>vigadron</i>.....29
SAFYRAL	see <i>drospernone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 42
	see <i>tydemy</i>.....44
SAIZEN	.....47
SAIZENPREP	RECONSTITUTION ....47
sajazir	.....54
SALAGEN	see <i>pilocarpine hcl (oral)</i>.....68
SAMSCA	.....47
	see <i>tolvaptan</i>.....48
SANCUSO	.....50
SANDIMMUNE	.....57
	see <i>cyclosporine</i>.....57
SANDOSTATIN	see <i>octreotide acetate</i> .47
SANDOSTATIN LAR	DEPOT .....47
SANTYL	.....68
SAPHNELO	.....57
SAPHRIS	see <i>asenapine maleate</i>.....32
	<i>sapropterin dihydrochloride</i>.....48
SARCLISA	.....17
SAVELLA	.....36
SAVELLA MIS TITR PAK	.....36
SCEMBLIX	.....17
scopolamine	.....50
SEASONIQUE	see <i>amethia</i>.....41
	see <i>ashlyna</i>.....41
	see <i>camrese</i>.....42
	see <i>daysee</i>.....42
	see <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>....43
	see <i>simpesse</i> .....44
SECUADO	.....33
SEGLENTIS TAB 56-44MG	.....4
selegiline hcl	.....32
selenium sulfide	.....66
SELZENTRY	.....7
	see <i>maraviroc</i>.....7
SENSIPAR	see <i>cinacalcet hcl</i>.....46
SEREVENT DISKUS	....63
SEROQUEL	see <i>quetiapine fumarate</i>.....33
SEROQUEL XR	see <i>quetiapine fumarate</i>.....33
SEROSTIM	.....48
sertraline hcl	.....31
setlakin	.....44
sevelamer carbonate	.....48
sevelamer hcl	.....48
SFROWASA	.....51
sharobel	.....44
SHINGRIX	.....58
SIGNIFOR	.....48
SIGNIFOR LAR	.....48
SIKLOS	.....54
sildenafil citrate (pulmonary hypertension)	.....26
SILENOR	see <i>doxepin hcl (sleep)</i>.....35
	<i>silodosin</i> .....52
SILVADENE	see <i>silver sulfadiazine</i> .65
	see <i>ssd</i> .....65
silver sulfadiazine	.....65
SIMBRINZA SUS 1-0.2%61	
simliya	.....44
simpesse	.....44
simvastatin	.....22
SINEMET	see <i>carbidopa & levodopa tab 10-100 mg</i> .....31
	see <i>carbidopa & levodopa tab 25-100 mg</i> .....31
SINGULAIR	see <i>montelukast sodium</i> .....63
	<i>sirolimus</i> .....57
SIRTURO	.....8
SITAVIG	.....9
SIVEXTRO	.....5
SKELAXIN	see <i>metaxalone</i> .....37
SKYRIZI	.....55
SKYRIZI PEN	.....55
SKYTROFA	.....48
SLYND	.....44
SMOFLIPID EMU	.....59
SOAANZ	.....25
sodium chloride	.....59
sodium chloride (gu irrigant)	.....68
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	..59
sodium phenylbutyrate	....48
sodium polystyrene sulfonate powder	.....41
solifenacin succinate	.....53
SOLIQUA INJ 100/33	....40
SOLIRIS	.....54
SOLOSEC	.....5
SOLTAMOX	.....13
SOLU-CORTEF	.....46
SOLU-MEDROL	.....46
	see <i>methylprednisolone sod succ</i>.....45
SOMA	see <i>carisoprodol</i> .....37
	see <i>vanadom</i>.....37
SOMATULINE DEPOT	..48
SOMAVERT	.....48
sorafenib tosylate	.....17
SORILUX	.....66
sorine	.....21
sotalol hcl	.....21
sotalol hcl (afib/afl)	.....21
SOTYLIZE	.....21
spinosad	.....68
SPIRIVA HANDIHALER	.62

SPIRIVA RESPIMAT	62
spironolactone.....	19
spironolactone &	
hydrochlorothiazide tab	
25-25 mg	25
SPORANOX	
see <i>itraconazole</i>	6
SPRAVATO SOL 56MG	
DOS.....	31
SPRAVATO SOL 84MG	
DOS.....	31
sprintec 28	44
SPRITAM	29
SPRYCEL	17
sps	41
sronyx	44
ssd	65
STALEVO 100	
see <i>carbidopa-levodopa-</i>	
<i>entacapone tabs 25-</i>	
<i>100-200 mg</i>	31
STALEVO 125	
see <i>carbidopa-levodopa-</i>	
<i>entacapone tabs</i>	
<i>31.25-125-200 mg</i> ..	31
STALEVO 150	
see <i>carbidopa-levodopa-</i>	
<i>entacapone tabs 37.5-</i>	
<i>150-200 mg</i>	31
STALEVO 200	
see <i>carbidopa-levodopa-</i>	
<i>entacapone tabs 50-</i>	
<i>200-200 mg</i>	31
STALEVO 50	
see <i>carbidopa-levodopa-</i>	
<i>entacapone tabs 12.5-</i>	
<i>50-200 mg</i>	31
STALEVO 75	
see <i>carbidopa-levodopa-</i>	
<i>entacapone tabs</i>	
<i>18.75-75-200 mg</i> ..	31
stavudine.....	7
STIVARGA.....	17
STRATTERA	
see <i>atomoxetine hcl</i>	34
STRENSIQ.....	48
streptomycin sulfate	5
STRIBILD TAB	8
STRIVERDI RESPIMAT .	63
STROMECTOL	
see <i>ivermectin</i>	5
SUBLOCADE.....	38
SUBOXONE	
see <i>buprenorphine hcl-</i>	
<i>naloxone hcl sl film 12-</i>	
<i>3 mg (base equiv)</i>	37
see <i>buprenorphine hcl-</i>	
<i>naloxone hcl sl film 2-</i>	
<i>0.5 mg (base equiv)</i> .37	
see <i>buprenorphine hcl-</i>	
<i>naloxone hcl sl film 4-1</i>	
<i>mg (base equiv)</i>	37
see <i>buprenorphine hcl-</i>	
<i>naloxone hcl sl film 8-2</i>	
<i>mg (base equiv)</i>	37
SUBSYS	4
subvenite.....	29
subvenite starter kit/blu ..	29
subvenite starter kit/gre...	29
subvenite starter kit/ora...	29
SUCRAID	51
sucralfate	51
SULAR	
see <i>nisoldipine</i>	24
sulfacetamide sodium	
(acne)	65
sulfacetamide sodium	
(ophth)	60
sulfacetamide sodium-	
<i>prednisolone ophth soln</i>	
<i>10-0.23(0.25)%</i>	59
sulfadiazine	5
sulfamethoxazole-	
<i>trimethoprim iv soln 400-</i>	
<i>80 mg/5ml.</i>	5
sulfamethoxazole-	
<i>trimethoprim susp 200-40</i>	
<i>mg/5ml.</i>	5
sulfamethoxazole-	
<i>trimethoprim tab 400-80</i>	
<i>mg</i>	5
sulfamethoxazole-	
<i>trimethoprim tab 800-160</i>	
<i>mg</i>	6
SULFAMYLYON.....	65
see <i>mafenide acetate</i> ..	65
sulfasalazine	51
sulindac.....	1
sumatriptan	35
sumatriptan succinate	35
sunitinib malate	17
SUNOSI	37
SUPRAX	10
see <i>cefixime</i>	9
SUPREP BOWEL SOL	
PREP KIT	51
SUSTIVA	
see <i>efavirenz</i>	7
SUSTOL.....	50
SUSVIMO	61
SUTAB TAB	51
SUTENT	
see <i>sunitinib malate</i>	17
syeda	44
SYMBICORT AER 160-4.5	
.....	64
SYMBICORT AER 80-4.5	
.....	64
SYMDEKO TAB 100-15064	
SYMDEKO TAB 50-75MG	
.....	64
SYMFI	
see <i>efavirenz-</i>	
<i>lamivudine-tenofovir df</i>	
<i>tab 600-300-300 mg</i> ..	8
SYMFI LO	
see <i>efavirenz-</i>	
<i>lamivudine-tenofovir df</i>	
<i>tab 400-300-300 mg</i> ..	8
SYMJEPI.....	64
SYMLINPEN 120	39
SYMLINPEN 60	39
SYMPAZAN	29
SYMPROIC	51
SYMTUZA TAB	8
SYNALAR	
see <i>fluocinolone</i>	
<i>acetonide</i>	66
SYNAREL	44
SYNDROS	50
SYNERCID INJ 500MG ..	6
SYNJARDY TAB 12.5-	
1000MG.....	39

SYNJARDY TAB 12.5-500	39
SYNJARDY TAB 5-1000MG.....	39
SYNJARDY TAB 5-500MG	39
SYNJARDY XR TAB 10-1000	39
SYNJARDY XR TAB 12.5-1000MG.....	39
SYNJARDY XR TAB 25-1000	39
SYNJARDY XR TAB 5-1000MG.....	39
SYNRIBO.....	14
SYNTHROID.....	49
<i>see euthyrox</i>	48
<i>see levo-t</i>	48
<i>see levothyroxine sodium</i>	49
<i>see levoxyl</i>	49
<i>see unithroid</i>	49
T	
TABLOID.....	13
TABRECTA.....	17
tacrolimus.....	57
tacrolimus (topical).....	67
tadalafil (pulmonary hypertension).....	26
TAFINLAR.....	17
TAGRISSO	17
TAKHYRO	55
TALICIA CAP	51
TALTZ	55
TALZENNA	17
TAMIFLU	
<i>see oseltamivir phosphate</i>	9
tamoxifen citrate.....	14
tamsulosin hcl	52
TARCEVA	
<i>see erlotinib hcl</i>	15
TARGRETIN	
<i>see bexarotene</i>	14
<i>see bexarotene (topical)</i>	67
tarina 24 fe	44
tarina fe 1/20 eq	44
TARPEYO	46
TASIGNA	17
TAVALISSE	55
TAVNEOS	55
taysofy.....	44
TAYTULLA	
<i>see gemmily</i>	42
<i>see merzee</i>	43
<i>see norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	43
<i>see taysofy</i>	44
tazarotene	66
TAZAROTENE	65
tazicef.....	10
TAZORAC	66
<i>see tazarotene</i>	66
taztia xt.....	24
TAZVERIK	17
TDVAX INJ 2-2 LF	58
TECENTRIQ	17
TECFIDERA	
<i>see dimethyl fumarate</i>	36
TECFIDERA STARTER PACK	
<i>see dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	36
TEFLARO	10
TEGRETOL	
<i>see carbamazepine</i>	27
<i>see epitol</i>	27
TEGRETOL-XR	
<i>see carbamazepine</i>	27
TEGSEDI	36
TEKTURNA	
<i>see aliskiren fumarate</i>	25
telmisartan	21
telmisartanamlodipine tab 40-10 mg	21
telmisartanamlodipine tab 40-5 mg	21
telmisartanamlodipine tab 80-10 mg	21
telmisartanamlodipine tab 80-5 mg	21
telmisartan-	
<i>hydrochlorothiazide tab 40-12.5 mg</i>	21
telmisartan-	
<i>hydrochlorothiazide tab 80-12.5 mg</i>	21
telmisartan-	
<i>hydrochlorothiazide tab 80-25 mg</i>	21
temazepam	35
temsirolimus	17
TENIVAC INJ 5-2LF	58
tenofovir disoproxil fumarate	7
TENORETIC 100	
<i>see atenolol & chlorthalidone tab 100-25 mg</i>	23
TENORETIC 50	
<i>see atenolol & chlorthalidone tab 50-25 mg</i>	23
TENORMIN	
<i>see atenolol</i>	23
TEPEZZA	48
TEPMETKO	17
terazosin hcl	19
terbinafine hcl	6
terbutaline sulfate	63
terconazole vaginal	53
TERIPARATIDE	41
testosterone	38
testosterone cypionate	38
testosterone enanthate	38
tetrabenazine	36
tetracycline hcl	12
THALITONE	25
THALOMID	14
THEO-24	64
theophylline	64
THIOLA	
<i>see tiopronin</i>	52
THIOLA EC	52
thioridazine hcl	33
thiothixene	33
THYQUIDITY	49
tiadylt er	24
tiagabine hcl	29

TIAZAC	<i>tobramycin (ophth)</i> 60
see <i>diltiazem hcl</i>	
<i>extended release</i>	
<i>beads</i> 24	
<i>see taztia xt</i> 24	
<i>see tiadylt er</i> 24	
TIBSOVO	..... 17
TICOVAC	..... 58
<i>tigecycline</i>	12
TIGECYCLINE	..... 12
TIGLUTIK	..... 36
TIKOSYN	
<i>see dofetilide</i> 21	
tilia fe	..... 44
<i>timolol maleate</i>	23
<i>timolol maleate (ophth)</i> ... 61	
<i>timolol maleate (ophth)</i>	
<i>once-daily</i> 61	
TIMOPTIC	
<i>see timolol maleate</i>	
<i>(ophth)</i> 61	
TIMOPTIC OCUDOSE	.... 61
<i>see timolol maleate</i>	
<i>(ophth)</i> 61	
TIMOPTIC-XE	
<i>see timolol maleate</i>	
<i>(ophth)</i> 61	
tinidazole	..... 6
tiopronin	..... 52
TIROSINT	
<i>see levothyroxine sodium</i>	
..... 48	
TIROSINT-SOL	..... 49
TIVDAK	..... 17
TIVICAY	..... 7
TIVICAY PD	..... 7
<i>tizanidine hcl</i>	37
TLANDO	..... 38
TOBI PODHALER	..... 6
TOBRADEX	
<i>see tobramycin-</i>	
<i>dexamethasone ophth</i>	
<i>susp 0.3-0.1%</i> 59	
TOBRADEX OIN 0.3-0.1%	..... 59
TOBRADEX ST SUS 0.3-0.05	..... 59
<i>tobramycin</i>	6
<i>tobramycin (ophth)</i>	60
<i>tobramycin-dexamethasone</i>	
<i>ophth susp 0.3-0.1%</i> ... 59	
<i>tobramycin sulfate</i>	6
TOBREX	..... 60
TOLSURA	..... 6
<i>tolterodine tartrate</i>	53
<i>tolvaptan</i>	48
TOPAMAX	
<i>see topiramate</i> 29	
TOPAMAX SPRINKLE	
<i>see topiramate</i> 29	
TOPICORT	
<i>see desoximetasone</i> ... 66	
<i>topiramate</i>	29
<i>toposar</i>	14
<i>topotecan hcl</i>	14
TOPOTECAN HCL	
<i>see topotecan hcl</i> 14	
TOPROL XL	
<i>see metoprolol succinate</i>	
..... 23	
<i>toremifene citrate</i>	14
TORISEL	
<i>see temsirolimus</i> 17	
<i>torsemide</i>	25
TOUJEO MAX SOLOSTAR	
..... 40	
TOUJEO SOLOSTAR	.... 40
<i>tovet</i>	67
TOVIAZ	
<i>see fesoterodine</i>	
<i>fumarate</i> 53	
TPN ELECTROL INJ	.... 59
TRACLEER	..... 26
<i>see bosentan</i> 26	
TRADJENTA	..... 39
<i>tramadol-acetaminophen</i>	
<i>tab 37.5-325 mg</i> 4	
<i>tramadol hcl</i>	2, 4
<i>trandolapril</i>	19
<i>trandolapril-verapamil hcl</i>	
<i>tab er 1-240 mg</i> 19	
<i>trandolapril-verapamil hcl</i>	
<i>tab er 2-180 mg</i> 19	
<i>trandolapril-verapamil hcl</i>	
<i>tab er 2-240 mg</i> 19	
<i>trandolapril-verapamil hcl</i>	
<i>tab er 4-240 mg</i> 19	
<i>tranexamic acid</i> 55	
TRANSDERM-SCOP	
<i>see scopolamine</i> 50	
<i>tranylcypromine sulfate</i> .. 31	
TRAVASOL INJ 10%	.... 59
TRAVATAN Z	
<i>see travoprost</i> 61	
travoprost	..... 61
TRAZIMERA	..... 17
<i>trazodone hcl</i> 31	
TREANDA	..... 12
TRECATOR	..... 8
TRELEGY AER ELLIPTA	
100-62.5-25 MCG..... 62	
TRELEGY AER ELLIPTA	
200-62.5-25 MCG..... 62	
TRELSTAR MIXJECT	.... 14
<i>treprostинil</i>	26
TRESIBA	..... 40
TRESIBA FLEXTOUCH	.40
<i>tretinoин</i>	65
<i>tretinoин (chemotherapy)</i> .14	
<i>tretinoин microsphere</i> .. 65	
TREXALL	..... 56
<i>trezix</i>	4
<i>triамcinolone acetonide</i> .46	
<i>triамcinolone acetonide</i>	
<i>(mouth)</i> 68	
<i>triамcinolone acetonide</i>	
<i>(topical)</i> 67	
triамтерене &	
<i>hydrochlorothiazide cap</i>	
37.5-25 mg 25	
triамтерене &	
<i>hydrochlorothiazide tab</i>	
37.5-25 mg 25	
triамтерене &	
<i>hydrochlorothiazide tab</i>	
75-50 mg 25	
triazolam	..... 35
TRIBENZOR	
<i>see olmesartan-</i>	
<i>amlodipine-</i>	
<i>hydrochlorothiazide tab</i>	
20-5-12.5 mg 20	

see <i>olmesartan-</i>	TRIMETHOPRIM	6
<i>amlodipine-</i>	<i>tri-mili</i>	44
<i>hydrochlorothiazide tab</i>	<i>trimipramine maleate</i>	31
<i>40-10-12.5 mg</i>	TRINTELLIX.....	31
see <i>olmesartan-</i>	<i>tri-nymyo</i>	44
<i>amlodipine-</i>	<i>tri-sprintec</i>	44
<i>hydrochlorothiazide tab</i>	TRIUMEQ PD TAB	8
<i>40-10-25 mg</i>	TRIUMEQ TAB	8
see <i>olmesartan-</i>	<i>trivora-28</i>	44
<i>amlodipine-</i>	<i>tri-vylibra</i>	44
<i>hydrochlorothiazide tab</i>	<i>tri-vylibra lo</i>	44
<i>40-5-12.5 mg</i>	TRIZIVIR TAB	8
see <i>olmesartan-</i>	TRODELVY.....	17
<i>amlodipine-</i>	TROGARZO.....	7
<i>hydrochlorothiazide tab</i>	TROPHAMINE INJ 10% .59	
<i>40-5-25 mg</i>	<i>trospium chloride</i>	53
TRICARE TAB PRENATAL	TRULICITY	39
.....	TRUMENBA INJ	58
TRICOR	TRUSELTIQ 100 MG DAILY DOSE.....	17
<i>see fenofibrate</i>	TRUSELTIQ 125 MG DAILY DOSE.....	17
<i>trientine hcl</i>	TRUSELTIQ 50 MG DAILY DOSE	17
<i>tri-estarrylla</i>	TRUSELTIQ 75 MG DAILY DOSE	17
<i>trifluoperazine hcl</i>	TRUSOPT <i>see dorzolamide hcl</i>	61
<i>trifluridine</i>	TRUVADA <i>see emtricitabine-</i>	
<i>trihexyphenidyl hcl</i>	<i>tenofovir disoproxil</i> <i>fumarate tab 100-150</i> <i>mg</i>	8
TRIJARDY XR TAB ER	<i>see emtricitabine-</i>	
<i>24HR 10-5-1000MG</i>	<i>tenofovir disoproxil</i> <i>fumarate tab 133-200</i> <i>mg</i>	8
TRIJARDY XR TAB ER	<i>see emtricitabine-</i>	
<i>24HR 12.5-2.5-1000MG</i>	<i>tenofovir disoproxil</i> <i>fumarate tab 167-250</i> <i>mg</i>	8
.....	<i>see emtricitabine-</i>	
TRIJARDY XR TAB ER	<i>tenofovir disoproxil</i> <i>fumarate tab 200-300</i> <i>mg</i>	8
<i>24HR 25-5-1000MG</i>	TRUXIMA.....	17
TRIJARDY XR TAB ER	TUKYSA.....	17
<i>24HR 5-2.5-1000MG</i> ...	TURALIO	17
TRIKAFTA TAB 100-50-		
<i>75MG & 150MG</i>		
TRIKAFTA TAB 50-25-		
<i>37.5MG & 75MG</i>		
tri-legest fe		
TRILEPTAL		
<i>see oxcarbazepine</i>		
tri-linyah		
TRILIPPIX		
<i>see choline fenofibrate</i> 22		
tri-lo-estarrylla		
tri-lo-marzia		
tri-lo-mili		
tri-lo-sprintec		
	TWINRIX INJ	58
	TYBLUME CHW 0.1-0.02	
	.....	44
	TYBOST.....	7
	tydemy	44
	TYGACIL <i>see tigecycline</i>	12
	TYKERB <i>see lapatinib ditosylate</i>	16
	TYMLOS	41
	TYPHIM VI	58
	TYVASO	26
	U	
	UCERIS	51
	<i>see budesonide</i>	50
	ULORIC <i>see febuxostat</i>	1
	ULTOMIRIS	55
	ULTRACET <i>see tramadol-</i>	
	<i>acetaminophen tab</i>	
	<i>37.5-325 mg</i>	4
	ULTRAM <i>see tramadol hcl</i>	4
	UNASYN <i>see ampicillin &</i>	
	<i>sulbactam sodium for</i>	
	<i>inj 1.5 (1-0.5) gm</i>	11
	see ampicillin &	
	<i>sulbactam sodium for</i>	
	<i>inj 3 (2-1) gm</i>	11
	UNASYN BULK PACK <i>see ampicillin &</i>	
	<i>sulbactam sodium for</i>	
	<i>iv soln 15 (10-5) gm</i> .11	
	unithroid	49
	UPLIZNA.....	36
	UPTRAVI	26
	UPTRAVI TAB 200/800 ..	26
	UROCIT-K 10 <i>see potassium citrate</i>	
	<i>(alkalinizer)</i>	52
	UROCIT-K 15 <i>see potassium citrate</i>	
	<i>(alkalinizer)</i>	52
	UROCIT-K 5 <i>see potassium citrate</i>	
	<i>(alkalinizer)</i>	52

UROXATRAL	
see <i>alfuzosin hcl</i>	52
URSO 250	
see <i>ursodiol</i>	51
<i>ursodiol</i>	51
URSO FORTE	
see <i>ursodiol</i>	51
V	
VABOMERE INJ 2GM(1-1)	
.....	6
VABYSMO	61
VAGIFEM	
see <i>estradiol vaginal</i>	45
see <i>yuvafem</i>	45
valacyclovir hcl	9
VALCHLOR	68
VALCYTE	
see <i>valganciclovir hcl</i>	9
valganciclovir hcl	9
VALIUM	
see <i>diazepam</i>	27
valproate sodium	29
valproic acid	29
valrubicin	12
valsartan	21
valsartan-	
hydrochlorothiazide tab	
160-12.5 mg	21
valsartan-	
hydrochlorothiazide tab	
160-25 mg	21
valsartan-	
hydrochlorothiazide tab	
320-12.5 mg	21
valsartan-	
hydrochlorothiazide tab	
320-25 mg	21
valsartan-	
hydrochlorothiazide tab	
80-12.5 mg	21
VALSTAR	
see <i>valrubicin</i>	12
VALTOCO	29
VALTREX	
see <i>valacyclovir hcl</i>	9
vanadom	37
VANCOCIN	
see <i>vancomycin hcl</i>	6
VANCOMYCIN	6
<i>vancomycin hcl</i>	6
VANCOMYCIN	
HYDROCHLORIDE	6
VANCOMYCIN INJ 1 GM	6
VANCOMYCIN INJ 500MG	6
VANCOMYCIN INJ 750MG	6
VANDAZOLE	53
VAQTA	58
varenicline tartrate	38
varenicline tartrate tab 0.5	
mg x 11 & tab 1 mg x 42	
pack	38
VARIVAX	58
VARUBI	50
VASCEPA	23
VASERETIC	
see <i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
10-25 mg	19
VASOTEC	
see <i>enalapril maleate</i>	19
VECTIBIX	17
VELCADE	
see <i>bortezomib</i>	15
velvet	44
VELPHORO	48
VELTASSA	41
VEMLIDY	9
VENCLEXTA	17
VENCLEXTA TAB START	
PK	17
venlafaxine hcl	31
VENTAVIS	26
VENTOLIN HFA	63
VENTOLIN HFA	
(INSTITUTIONAL PACK)	
.....	63
verapamil hcl	24
VERELAN	
see <i>verapamil hcl</i>	24
VERQUVO	26
VERSACLOZ	33
VERZENIO	17
VESICARE	
see <i>solifenacin succinate</i>	
.....	53
VESICARE LS	53
vestura	44
VFEND	
see <i>voriconazole</i>	6, 7
VFEND IV	
see <i>voriconazole</i>	6
V-GO 20 KIT	40
V-GO 30 KIT	40
V-GO 40 KIT	40
VIBATIV	6
VIBERZI	51
VIBRAMYCIN	12
see <i>doxycycline</i>	
(<i>monohydrate</i>)	12
see <i>doxycycline hydrate</i>	
.....	12
VICTOZA	39
VIDAZA	
see <i>azacitidine</i>	12
vienna	44
vigabatrin	29
vigadron	29
VIGAMOX	
see <i>moxifloxacin hcl</i>	
(<i>ophth</i>)	60
VIIBRYD	
see <i>vilazodone hcl</i>	31
VIIBRYD KIT STARTER	31
VIJOICE	48
VIJOICE TAB 250MG	48
vilazodone hcl	31
VIMIZIM	48
VIMPAT	29
see <i>lacosamide</i>	27
vinblastine sulfate	14
vincristine sulfate	14
vinorelbine tartrate	15
VIOKACE TAB 10440	52
VIOKACE TAB 20880	52
viorele	44
VIRACEPT	7
VIREAD	7
see <i>tenofovir disoproxil fumarate</i>	
.....	7
VISTARIL	

see <i>hydroxyzine</i>	
<i>pamoate</i>.....62	
VITRAKVI.....18	
VIVELLE-DOT	
<i>see estradiol</i>.....44	
VIVITROL.....38	
VIZIMPRO.....18	
VONJO.....18	
VOQUEZNA PAK DUAL	
PAK .....51	
VOQUEZNA PAK TRIP PK	
.....51	
voriconazole.....6, 7	
VOSEVI TAB.....9	
VOTRIENT.....18	
VOXZOGO.....48	
VPRIV.....48	
VRAYLAR.....33	
VRAYLAR CAP 1.5-3MG33	
VUMERITY.....37	
vyfemla.....44	
vylibra.....44	
VYNDAMAX.....26	
VYNDAQEL.....26	
VYTORIN	
<i>see ezetimibe-</i>	
<i>simvastatin tab 10-10</i>	
<i>mg</i> .....22	
<i>see ezetimibe-</i>	
<i>simvastatin tab 10-20</i>	
<i>mg</i> .....22	
<i>see ezetimibe-</i>	
<i>simvastatin tab 10-40</i>	
<i>mg</i> .....22	
<i>see ezetimibe-</i>	
<i>simvastatin tab 10-80</i>	
<i>mg</i> .....22	
VYVANSE.....34	
VYVGART.....56	
VYZULTA.....61	
W	
WAKIX.....37	
warfarin sodium.....54	
water for irrigation, sterile	
<i>irrigation soln</i> .....68	
WELCHOL	
<i>see colesevelam hcl</i>....22	
WELIREG	
.....14	
WELLBUTRIN SR	
<i>see bupropion hcl</i>.....30	
WELLBUTRIN XL	
<i>see bupropion hcl</i>.....30	
wera	
.....44	
WINLEVI	
.....65	
wymzya fe	
.....44	
X	
XADAGO.....32	
XALATAN	
<i>see latanoprost</i>.....61	
XALKORI	
.....18	
XANAX	
<i>see alprazolam</i> .....26	
XANAX XR	
<i>see alprazolam</i> .....26	
XARELTO	
.....54	
XARELTO STAR TAB	
15/20MG.....54	
XATMEP	
.....56	
XCOPRI	
.....29	
XCOPRI PAK 100-150....29	
XCOPRI PAK 12.5-25....29	
XCOPRI PAK 150-200MG	
(MAINTENANCE).....29	
XCOPRI PAK 150-200MG	
(TITRATION).....29	
XCOPRI PAK 50-100MG29	
XELJANZ	
.....55	
XELJANZ XR	
.....55	
XEMBIFY	
.....56	
XENAZINE	
<i>see tetrabenazine</i>.....36	
XENLETA.....6	
XEOMIN	
.....37	
XERAVA	
.....12	
XERESE CRE 5-1% ....68	
XERMELO	
.....51	
XGEVA.....41	
XHANCE	
.....64	
XIFAXAN.....6, 51	
XIGDUO XR TAB 10-1000	
.....40	
XIGDUO XR TAB 10-	
500MG.....40	
XIGDUO XR TAB 2.5-1000	
.....39	
XIGDUO XR TAB 5-	
1000MG.....39	
XIGDUO XR TAB 5-500MG	
.....39	
XIIDRA	
.....61	
XIPERE	
.....60	
XODOL	
<i>see hydrocodone-</i>	
<i>acetaminophen tab 5-</i>	
<i>300 mg</i> .....3	
XOFLUZA	
.....9	
XOLAIR	
.....64	
XOPENEX	
<i>see levalbuterol hcl</i>.....63	
XOPENEX	
CONCENTRATE	
<i>see levalbuterol hcl</i>.....63	
XOSPATA	
.....18	
XPOVIO 100 MG ONCE	
WEEKLY .....18	
XPOVIO 40 MG ONCE	
WEEKLY .....18	
XPOVIO 40 MG TWICE	
WEEKLY .....18	
XPOVIO 60 MG ONCE	
WEEKLY .....18	
XPOVIO 60 MG TWICE	
WEEKLY .....18	
XPOVIO 80 MG ONCE	
WEEKLY .....18	
XPOVIO 80 MG TWICE	
WEEKLY .....18	
XTANDI.....14	
xulane	
.....44	
XULTOPHY INJ 100/3.6 .40	
XYLOCAINE	
<i>see lidocaine hcl (local</i>	
<i>anesth.)</i>.....4	
XYLOCAINE-MPF	
<i>see lidocaine hcl (local</i>	
<i>anesth.)</i>.....4	
XYOSTED	
.....38	
XYREM	
.....37	
XYWAV SOL 0.5GM/ML .37	
Y	
YASMIN 28	

see <i>drosipренон-этиныл эстрадиол таб 3-0.03 мг</i>	42	ZENPEP CAP 3000UNIT52	52	ZIRABEV	18
see <i>ocella</i>	44	ZENPEP CAP 40000	52	ZIRGAN	60
see <i>syeda</i>	44	ZENPEP CAP 5000UNIT52	52	ZITHROMAX see <i>азитромицин</i>	10
see <i>зумандимин</i>	44	zenzedi.....	35	ZOCOR see <i>симвастатин</i>	22
YAZ		ZEPOSIA	37	ZOLADEX	14
see <i>drosipренон-этиныл эстрадиол таб 3-0.02 мг</i>	42	ZEPOSIA 7DAY CAP STR PACK.....	37	zoledronic acid	41
see <i>jasmiel</i>	42	ZEPOSIA CAP STR KIT .37	.37	ZOLEDRONIC ACID	41
see <i>loryna</i>	43	ZEPZELCA	12	ZOLINZA	18
see <i>nikki</i>	43	ZERBAXA INJ 1.5GM	10	zolmitriptan.....	35
see <i>vestura</i>	44	ZERVIA TE	61	ZOLOFT see <i>сертралин hcl</i>	31
YERVOY	18	ZESTORETIC see <i>lisinоприл & hydrochlorothiazide таб 10-12.5 мг</i>	19	zolpidem tartrate	35
YF-VAX INJ.....	58	see <i>lisinоприл & hydrochlorothiazide таб 20-12.5 мг</i>	19	ZOMACTON	48
YONSA	14	see <i>lisinоприл & hydrochlorothiazide таб 20-25 мг</i>	19	ZOMIG see <i>золмитрептан</i>	35
YUTIQ	60	ZESTRIL see <i>lisinоприл</i>	19	ZONEGRAN see <i>зонисамид</i>	29
yuvafem	45	ZETIA see <i>езетимаб</i>	22	zonisamide	29
Z		ZETONNA	64	ZONTIVITY	55
zafemy	44	ZIAC see <i>bisопролол & hydrochlorothiazide таб 10-6.25 мг</i>	23	ZORBTIVE	48
zafirlukast.....	63	see <i>bisопролол & hydrochlorothiazide таб 2.5-6.25 мг</i>	23	ZORTRESS see <i>еворолимус (иммунодавращатель)</i>	57
zaleplon.....	35	see <i>bisопролол & hydrochlorothiazide таб 5-6.25 мг</i>	23	ZOSYN SOL 2-0.25GM ..12	
ZALTRAP	18	ZIAGEN see <i>абакавир сульфат</i>	7	ZOSYN SOL 3-0.375G ..12	
ZANAFLEX see <i>тизанидин hcl</i>	37	ZIANA see <i>клиндамицин</i> <i>фосфат-третиноин гель</i> <i>1.2-0.025%</i>	65	ZOSYN SOL 4-0.50GM ..12	
ZARONTIN see <i>этозуксимид</i>	27	zidovudine	7	zovia 1/35.....	44
ZARXIO.....	54	ZIEXTENZO	54	ZOVIRAX see <i>ацикловир</i>	8
ZAVESCA see <i>миглюстат</i>	47	ZILXI	68	see <i>ацикловир topical</i>	67
ZEJULA.....	18	ZIMHI	38	ZTLIDO	67
ZELAPAR.....	32	ziprasidone hcl	33	ZUBSOLV SUB 0.7-0.18..38	
ZELBORAF	18	ziprasidone mesylate	33	ZUBSOLV SUB 1.4-0.36..38	
ZEMAIRA	64	ZYDELIG	18	ZUBSOLV SUB 11.4-2.9..38	
ZEMBRACE SYMTOUCH	35	ZYKADIA	18	ZUBSOLV SUB 2.9-0.71..38	
ZEMDRI	6	ZYLET SUS 0.5-0.3% ..59		ZUBSOLV SUB 5.7-1.4..38	
ZEMPLAR see <i>парикальцитол</i>	49	ZYLOPRIM see <i>алlopуринол</i>	1	ZUBSOLV SUB 8.6-2.1..38	
zenatane	65	ZYMAXID		zumandimine.....	44
ZENPEP CAP 10000UNT	52			ZYDELIG	18
ZENPEP CAP 15000UNT	52			ZYKADIA	18
ZENPEP CAP 20000UNT	52			ZYLET SUS 0.5-0.3% ..59	
ZENPEP CAP 25000	52			ZYLOPRIM see <i>алlopуринол</i>	1

see <i>gatifloxacin (ophth)</i>	see <i>olanzapine</i> .....33	see <i>abiraterone acetate</i>
.....60	ZYPREXA RELPREVV ..33	.....13
ZYNLONTA.....18	ZYPREXA ZYDIS	ZYVOX.....6
ZYPITAMAG22	see <i>olanzapine</i>33	see <i>linezolid</i>5
ZYPREXA	ZYTIGA	



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08/26/2022